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SOARIAN Clinicals Functionality

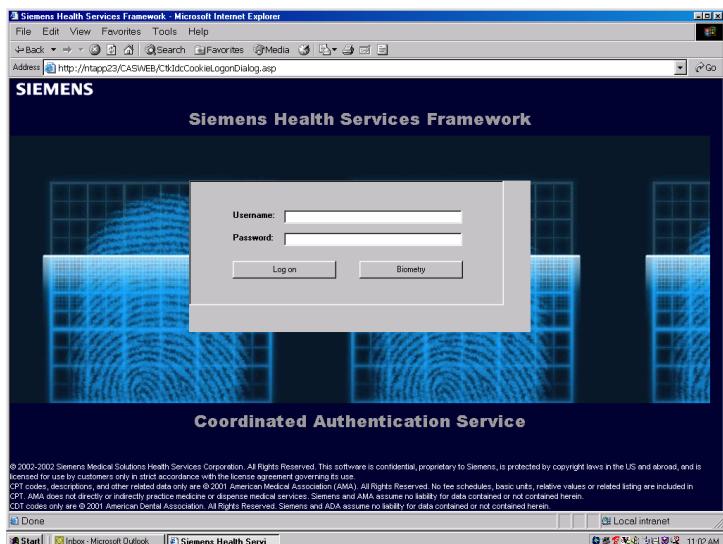
SOARIAN Clinicals allows users to perform a range of tasks to manage daily workflow. When a user signs on to the system a portal screen displays with their patient census and worklists. From the portal screen, the clinician can easily view patient records to find information such as new or existing results and demographic information. The clinician can also place orders or modify existing orders. In the future, Soarian will include the ability to record clinical notes and vital signs, giving the clinician a complete view of patient data.

Working with SOARIAN Clinicals

Logon to SOARIAN Clinicals

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1. Double click the Internet Browser program located on the computer Desktop.



2. Click on Login or Biometry.

If using Login,

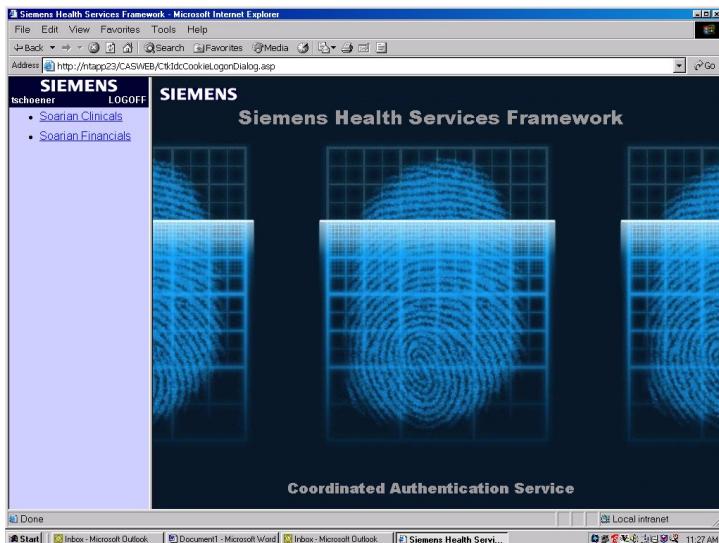
- A. Type the **Username**, press TAB.
- B. Type the **Password**. Note: The password is case sensitive.
- C. Click the **Login** button.

If using Biometry,

- A. Type Username.
- B. Click Biometry. Place finger on mouse as prompted by screen display.

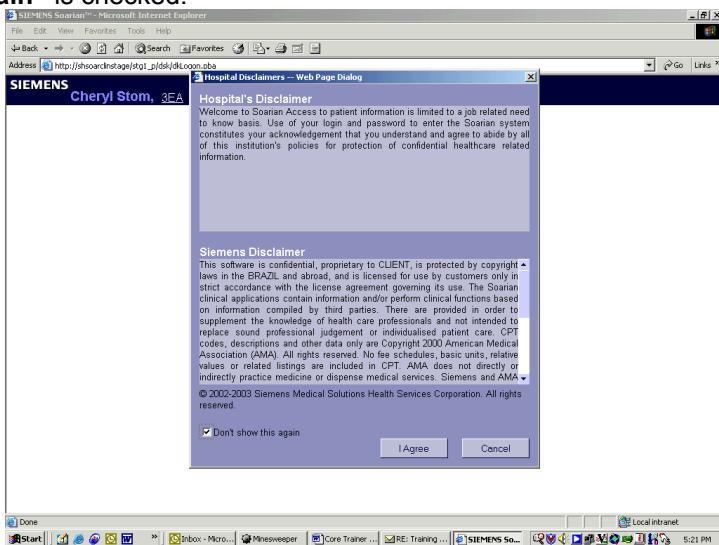
3. Click **Soarian Clinicals** or **Soarian Financials** to begin.

Note: some users only have access to Soarian Clinicals and will not see this screen but instead will be launched directly to their portal screen.



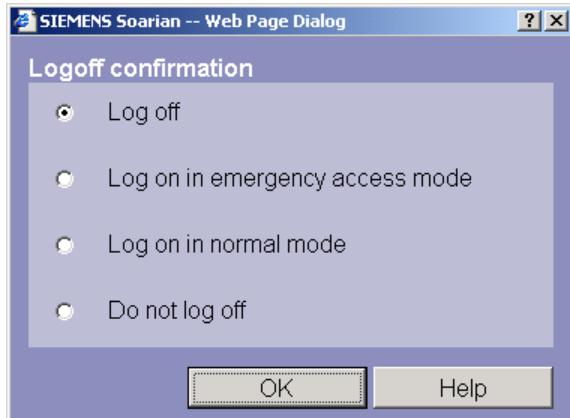
Disclaimer

When a user logs onto the system, a disclaimer displays. Please read the disclaimer information displayed on your screen. The disclaimer will display each time the user logs on unless "**“Don’t show this again”** is checked.



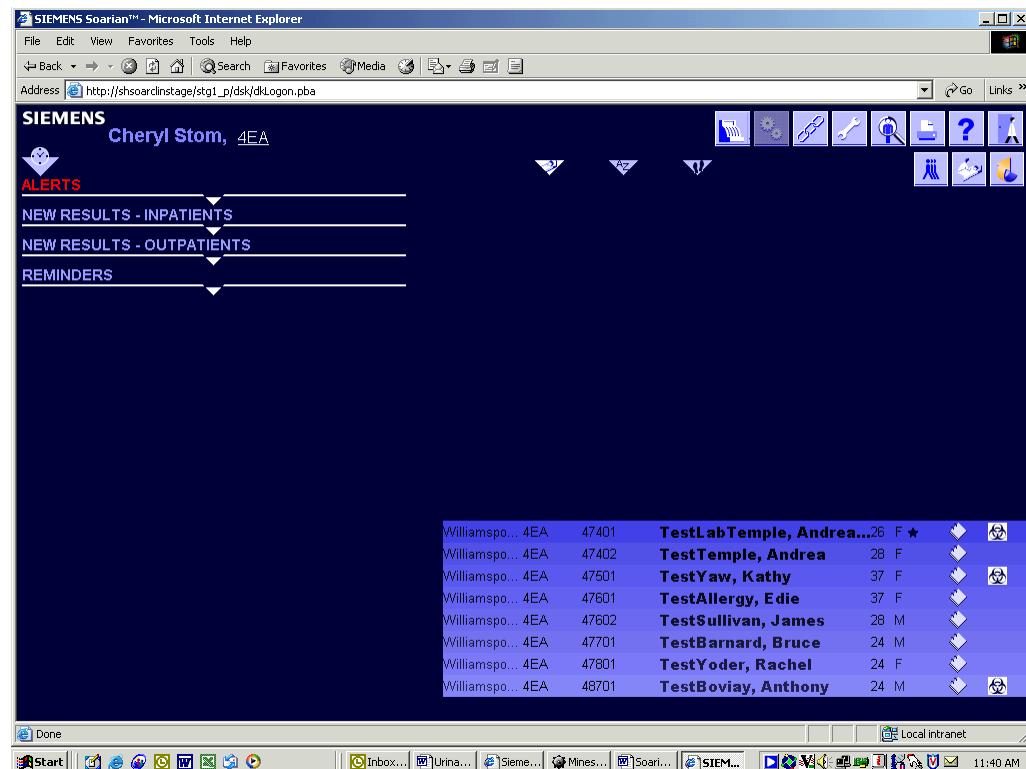
Logging off of SOARIAN Clinicals

1. Click on Log Out icon, 
2. Select 'Log off' from the Logoff confirmation screen.
3. Click **OK** button.
 - The user can cancel logoff.



The Portal Screen

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Name	ID	Age	Gender	Status
Williams... 4EA	47401	26	F	★
Williams... 4EA	47402	28	F	
Williams... 4EA	47501	37	F	
Williams... 4EA	47601	37	F	
Williams... 4EA	47602	28	M	
Williams... 4EA	47701	24	M	
Williams... 4EA	47801	24	F	
Williams... 4EA	48701	24	M	

Portal Screen Elements

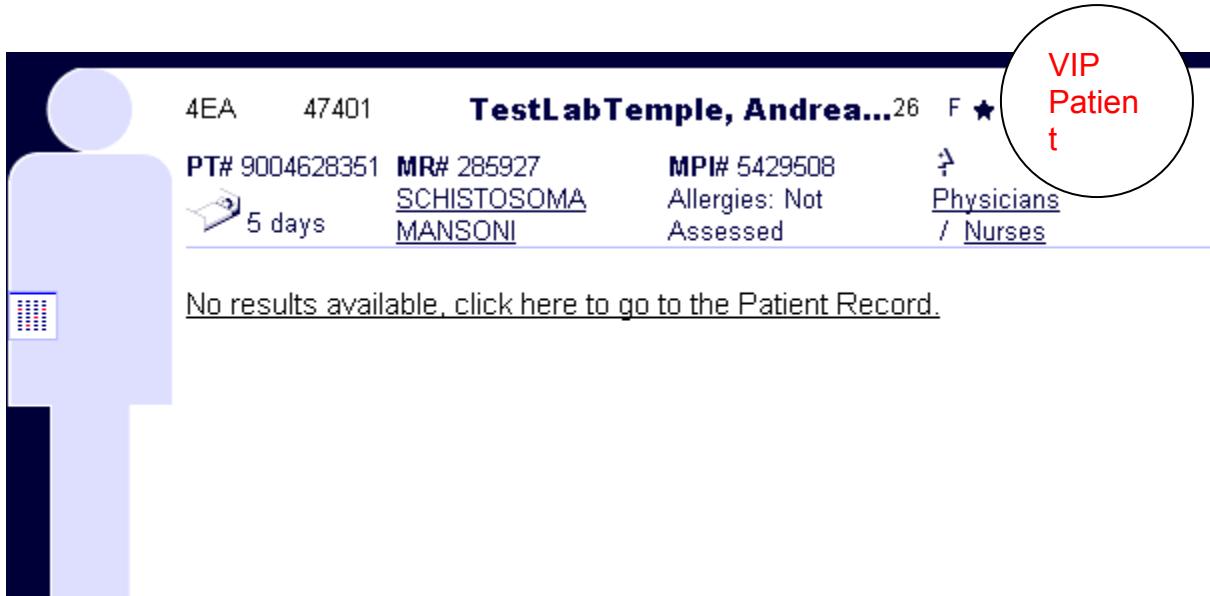
The portal screen is displayed when a user logs onto the Soarian Clinicals workspace.

The top left-hand corner of the screen displays the current user name logged onto Soarian and the Health Care Unit (HCU) hyperlink. The HCU displayed determines the current census view.

The top right-hand corner contains Toolbar Buttons. (Icons are listed in Appendix A)

On the left hand side of the screen worklists will appear based on user.

On the lower right, the patient census displays. Again, the census displayed is based on the HCU selected or it can be customized for a particular user. On this patient census, a  will appear next to the patient's name indicating VIP status. VIP indicates that a patient has either opted out or is an inmate.



A red or green square may be present. These indicate new results. Green indicates normal results; Red indicates abnormal results.

If the patient has been identified as an Infection Control Isolation patient, the Biohazard icon



will be present on the Patient Card and in the Patient Header on every page.

SDS Patient on the Inpatient Unit

A SDS patient can be cared for on an Inpatient unit following specific criteria. Transfer the patient to the Inpatient bed and provide care based on policy. The SDS patient appears as shown below on your regular Inpatient Portal Screen census.



Working with Patient Census

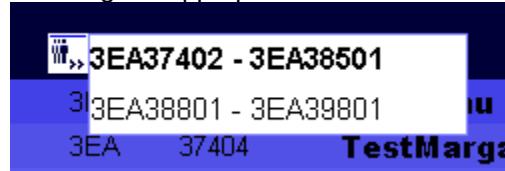
The current user's Patient Census is displayed on the right side of the screen. It can be sorted by patient location or patient name by clicking one of the two arrow icons,



, in the top middle of the screen.

The 3rd icon is sort by walking order, which we don't use. Fields displayed on the census are the patient's location, name, age, sex, and a button to navigate to patient record.

If more than 13 patients appear on a unit's census, there are 2 ways to navigate from page to page of the census. You can click on the icon listed at the top of the census and navigate by selecting the appropriate series of room numbers.



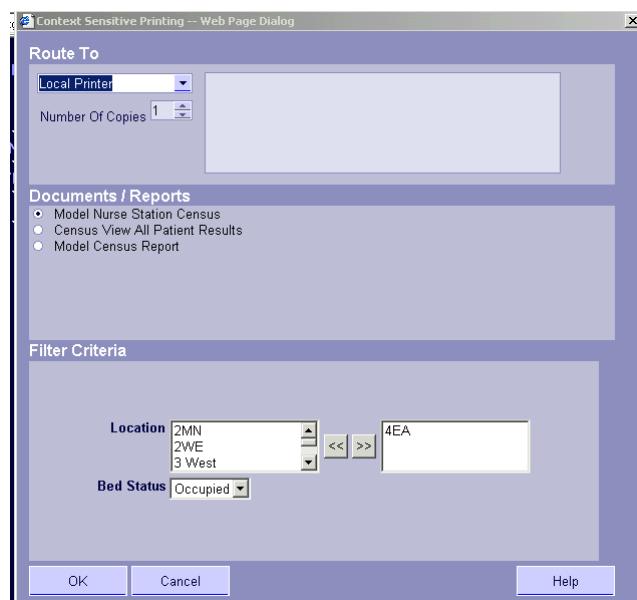
Or, you may click on the arrows at the top and the bottom of the census.



In the outpatient areas, there continues to be a scroll bar to the right of the census instead of the new options shown above.

Williamspo	3EA	37401	Testsupercalifragil...	26	M
Williamspo	3EA	37403	INTYeagle, TestNath...	24	M
Williamspo	3EA	37801	INTAgue, TESTLonny ...	70	M
Williamspo	3EA	38001	INTGuyer, TestJan	25	F
Williamspo	3EA	38002	TestSHSMD, AnnSHSMD...	25	F
Williamspo	3EA	38201	PABTMdugal, Jason	55	M
Williamspo	3EA	38301	neduc, blue	10	M
Williamspo	3EA	38401	INTHurley, TESTOrvi...	48	M
Williamspo	3EA	38402	PMTtest26, Baby	54	U
Williamspo	3EA	38501	INTMitso, TestDolly...	81	F
Williamspo	3EA	38601	EVLWarf, Tony	69	M
Williamspo	3EA	38602	neduc, purple	56	M
Williamspo	3EA	38701	neduc, red	23	F
Williamspo	3EA	38801	INTBeck, TestDavid	61	M
Williamspo	3EA	38802	INTCifor, TESTLynes...	51	M
Williamspo	3EA	39001	Amtest20, Ringer	86	M
Williamspo	3EA	39401	neduc, orange	20	M
Williamspo	3EA	39501	Amtest21, Snap	55	M
Williamspo	3EA	39601	AMTest27, Blue	53	U
Williamspo	3EA	39701	Pmtest21, Snap	63	F

Note: When it is necessary to print the unit census, you will click on the Print icon at the top of the screen.



HealthCare Unit Selection (change census view)

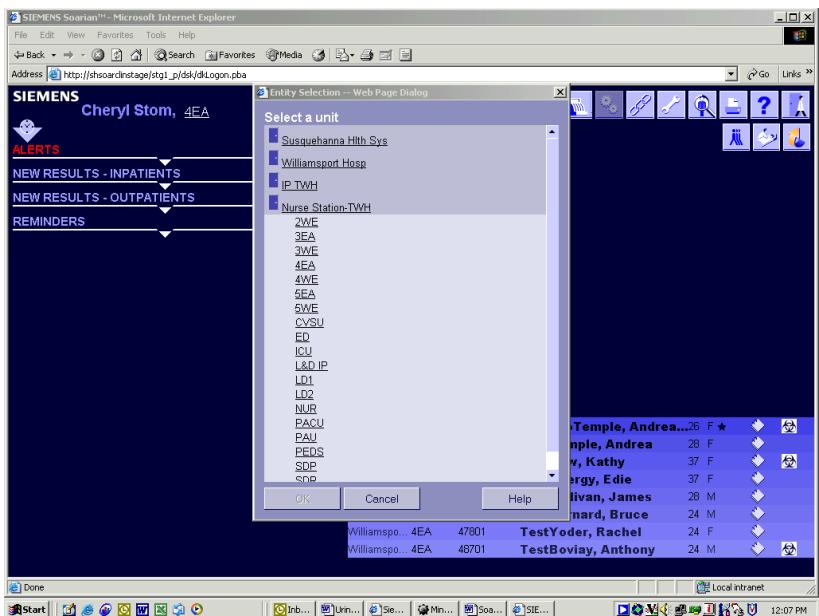
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Nurses and unit secretaries do not have patients assigned directly to them. The census for a nurse and unit secretary is generated from a HealthCare Unit (HCU) association. Patients are assigned to a HCU during registration. A nurse or unit secretary is given access to different HCUs depending on their job requirements or assignment. All patients assigned to that HCU comprise your census.

Users can change the HealthCare Unit selection and thus change the patients viewed in their Census.

Note: For those users (Case Managers, Manager Nursing Services, etc) who need to view the entire census, select IP Williamsport or IP Muncy.

1. Click the HCU hyperlink located next to the username in the upper left-hand corner.
2. The "Select a Unit" Dialog box appears.



3. Select a HCU by clicking on the doors to the appropriate facility/setting then click on the unit.
4. Click **OK**.
5. The patient census for the unit you have selected will display on the screen.

Note: For an Outpatient HCU, the staff member must click on the Include Outpatient in Census icon upon entering the Portal Screen for their patient census to display.

Manage Census List

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A nurse can create a census list comprised of the patients for which they are responsible.

1. Click on the **Assign Patients** icon, , on the toolbar.
2. Select your patients from the Dialog box by checking the box next to the patient name.
3. Update the end date/time for the length of time that you want the patient to remain in your personal census list.
4. Click **Save**. These settings will be retained for the next time you sign on to the system grouped together at the bottom of the first page of the census.

M Appleton

<input checked="" type="checkbox"/> 2 East	206	Clark M Hogan	54	m	End Date/Time 02/28/2003 07 : 00 PM
<input type="checkbox"/> 1 East	106	Elbert M Gauck	36	m	End Date/Time
<input type="checkbox"/> 2 East	204	Elvis A Kaplan	48	m	End Date/Time
<input type="checkbox"/> 2 East		Isabella Lloyd	7	f	End Date/Time
<input checked="" type="checkbox"/> 2 East	205	Orlin A Jordan	26	f	End Date/Time 02/28/2003 07 : 00 PM

Save **Cancel** **Help**

Advantages-

- Patients highlighted and displayed at bottom of page one of census.
- Patient results displayed in New Results Worklist.
- Nurse displayed via Nurse link in Patient Card for other staff members.
- Documentation and Time Based Worklist will show ONLY your patients instead of the entire unit.

Find and Select a Patient[Return To Top](#)

There may be situations when you need access to a patient although he or she is not assigned to your HCU. There are various ways to search for patients. You can search for patients based on specific patient details, such as last name and gender or by a patient identification number. Once you find a patient, you can look at the patient record or add the patient to your personal census list. That patient will stay in your census and you can access their information until you manually remove him/her from your census.

Note: This function will be useful for Case Managers, Social Services, Dieticians etc as they cover multiple units but may not see all of the patients on the unit.



1. Click on the Find Tool icon, . The Find Tool appears with the Find Patient tab selected by default. The upper half of the Find Patient tab enables you to enter the patient name, patient identification number information, or nurse station information to filter the list of patient names that appear in the lower half of the Find Patient tab.

Perform the following steps to search for a patient by name.

1. Enter a few characters from the patient's last name in the Last Name field. This is mandatory when you search by name. When searching by name, the application searches for an exact match if you enter less than four characters in the Last Name field. If not real sure how a name is spelled, you may use the Phonetic search icon.

Last Name 

2. Click the **Gender** drop-down list and select the gender. This is mandatory when searching by name.

Perform the following steps to search by patient number.

1. Enter one of the sets of patient identification criteria into the appropriate fields on the top right hand side of the Find patient tab.

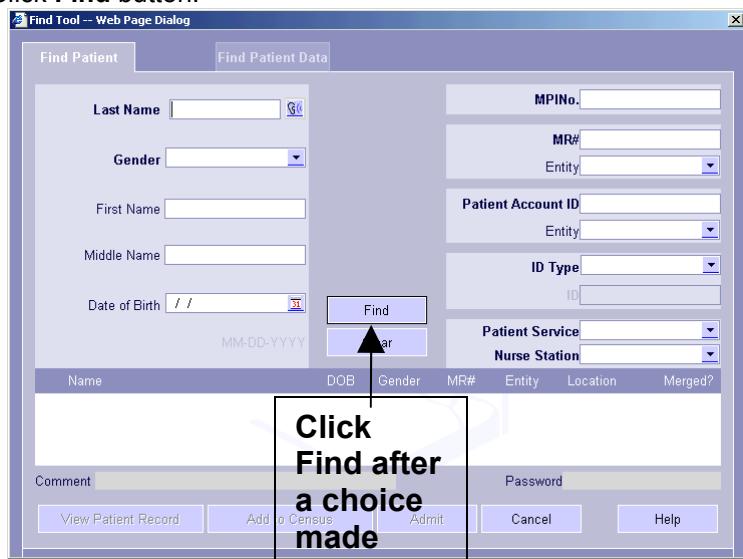
Note: If searching by MR#, do not use the leading zeroes. i.e., 001234. Search with 1234 only.

Perform the following steps to search by nurse station.

1. Click the Nurse Station drop-down list to filter the search results to a nurse station.

Once one of the methods above has been used,

1. Click **Find** button.



2. Select the patient from the search results and then click on the View Patient Record or you can click the Add to Census button.

The screenshot shows the 'Find Patient' tab selected. It includes fields for Last Name, Gender, First Name, Middle Name, Date of Birth (MM-DD-YYYY), MPINo., MR#, Entity, Patient Account ID, ID Type, ID, Patient Service, and Nurse Station. A 'Find' button is located between the search fields and the results table. Below these are 'Clear', 'Comment', and 'Password' buttons. The results table displays a single row for 'testKabatt, Jennifer' with columns for Name, DOB, Gender, MR#, Entity, Location, and Merged?. The location is listed as '3EA\37405' and the merged status is 'No'.

Note: Viewable from the screen above is the Entity and Location of the patient. Merged? If a chart has been merged, yes would be on this screen.

Find Results

The 'Find tool' makes it easier for you to find a specific result for a patient. Instead of selecting a patient and opening the patient record you can search for this result directly in the 'Find tool'



1. In your Census select the 'Find tool' icon,

The screenshot shows the 'Find Patient Data' tab selected. It includes fields for Census (set to 'TestTemple, Andrea'), All Patients, Content Search (set to 'Results'), Unit, Keyword, Flowsheet (set to 'Chemistry'), Display Group (set to 'Therapeutic Drugs'), Sub Display Group, and Finding. Below these are 'Find' and 'Clear' buttons. The results table shows one entry for 'SALICYLATE LEVEL SERUM' with a 'Final Result' of '09/02/05 15:02'. To the left of the interface, several callout boxes provide instructions: 'Patients from the unit I have as my HCU.' points to the Census dropdown; 'Results Assessments Notes' points to the Content Search dropdown; and 'Last 24 hours or specific date range.' points to the Date Range selection. A large callout box on the right side points to the 'Flowsheet', 'Display Group', 'Sub Display Group', and 'Finding' dropdowns with the text 'Click dropdown to select specific search criteria'.

2. Select the tab '**Find Patient Data**'.
3. There are two ways of selecting the patient for whom you want to find the result
 - a. In the Patient field enter at least the **first 3 characters** of the patient's **last name**, press GO. In the list box select the patient you searched for.
 - b. Click the Census button. In the list box you can now select a patient from your Census
4. Choose your content search. This will be Results, Assessments or Notes.
5. Select within what time frame you want to make the search. You can use the last 24 hours or enter your own.
6. Select in what Flow sheet you want to make a search. This is a mandatory selection.
7. Select the display group in which you want to make a search.
8. Click the **Find** button.
9. Click on the result to review results.

Click Cancel to close the window.

Remove Patients from your Census

The only time when you can remove a patient from your census manually is if you have added the patient to your census manually. If this is the case an icon is displayed in the patient information part of the patient census.

1. Click on patient's name in your census list.

3EA 38501 **Amtest1, Easy** 24 F

PT# 9004628872 MR# 285965 MPI# 5429549
 3 days INTEST Allergies: Not
 DIPHYLLOBOTRIAS Assessed

[Physicians / Nurses](#)

No results available, click here to go to the Patient Record.

2. Click the Remove Patient from Census icon, A message pops up indicating that the patient was deleted successfully. This function only removes the patient from your personal census. It does not remove the patient from the system.
3. Click **OK**.

Note: Once a patient has been added manually, that patient will display on the personal census until manually removed even if the patient has been discharged.

Patient Header

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Callae Testregression3 Visit Type IP

f 45 y AltId# 6003682678 PT# 9003062107 MR# 282734 Williamsport Hosp 3EA 37501

Diagnosis BLOOD DISEASE NOS Physicians / Nurses Allergies

Key information is displayed in the Patient Header in all the functions of Soarian Clinicals. Name, Age, Gender, Patient Number, MR#, Visit Type and location are key.

 Physicians / Nurses Physicians/Nurses now viewable.

 VIP VIP indicator will appear when applicable

Biohazard icon viewable when applicable.



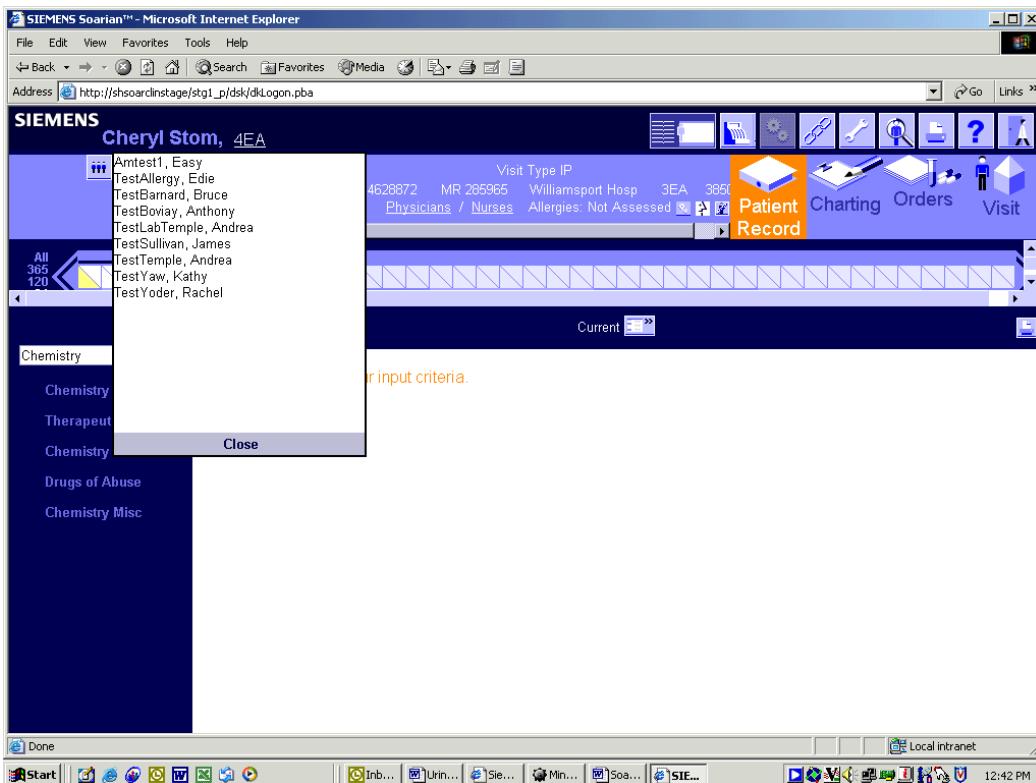
White house outline indicates active encounter. When the user hovers over the house, it indicates this is an active encounter.



Filled in white house indicates not an active encounter. When the user hovers over the house, it indicates this is a closed encounter.

Patient list

In Soarian it is easy to move between different patient's records. Instead of having to close a record, go back to the portal to view your census and select a new patient, you can click the 'Patient List' icon  located all throughout the system. When you click on this icon, all patients in your census will be displayed in a list.



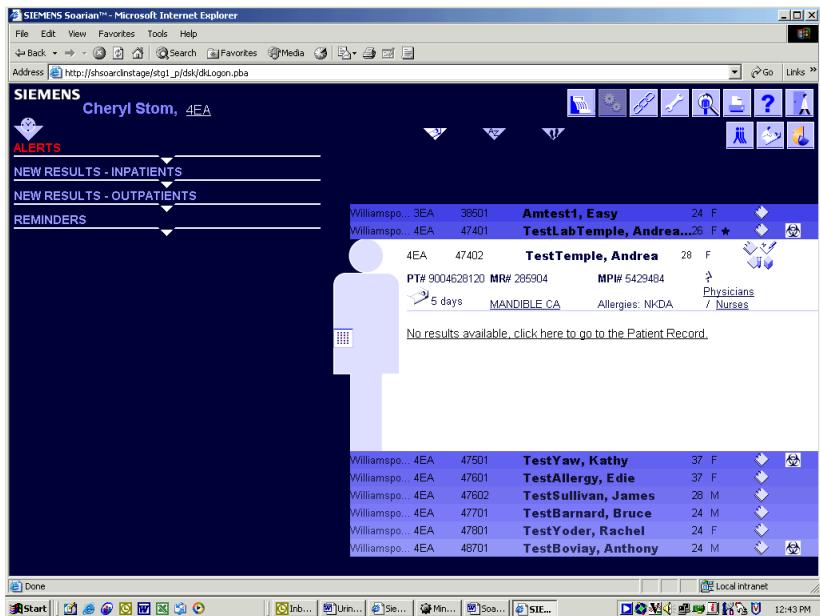
Select the patient you want to work with, and the current screen is updated with that patient's information.

Access Patient Information from the Patient Census

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From the Portal you can click on any patient name to get more detail regarding that patient.

1. Click on the patient's name from the patient census list.



Patient Card/ Patient Information Details

The patient card displays the following information.

Row 1	Definition	As Displayed
	Patient Location, Healthcare Unit NAME.	
	Patient Name	
	Age	
	Sex	
	Link to patient record, icon	
	Link to Charting, icon	
	Link to Orders, icon	
	Link to Visit	
Row 2	Definition	As Displayed
	Patient number (PT #)	
	Patient ID, Medical Record or MPI Number	
	Link to face sheet button	
	Link to remove patient from census since the patient was added to the census.	
Row 3	Definition	As Displayed
	Length of stay in days together with a bed icon.	
	Allergy	Underlined, click to see listed allergy information
	Doctor-patient, Nurse-patient relationship (name of attending and consulting physicians; nurses only if the nurse personalized the census.)	Underlined, click to see listed <u>Physicians/Nurses</u>
Results	Definition	As Displayed

	<u>Results from previous 24 hours</u>	
	<u>View latest Results</u>	

Working with Worklists

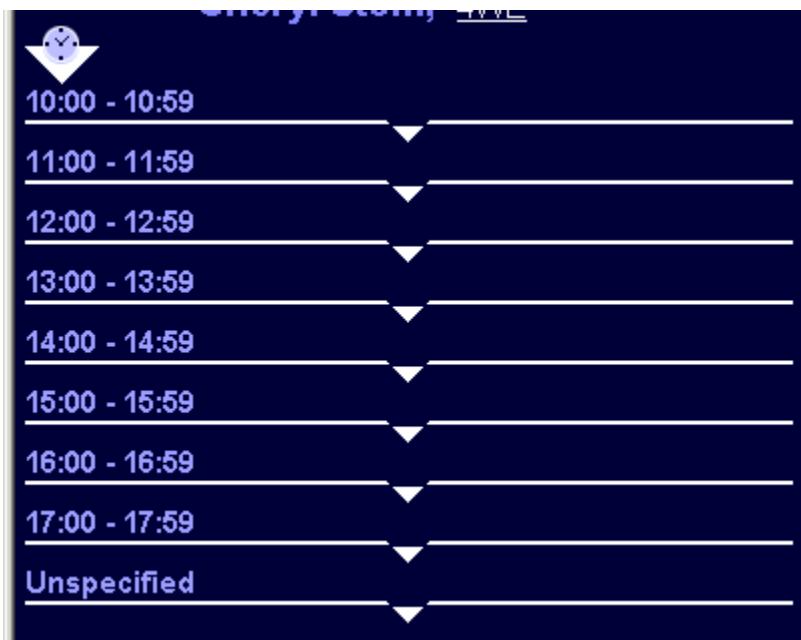
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When a user signs on to Soarian Clinicals, a selection of worklists is displayed on the left side of the portal. Worklists provide an overview of new information that exists for a patient.

When a nurse logs onto the system all inpatients assigned to the healthcare unit where she/he works display in the census. The worklists will be populated with information on patients that are displayed in the census. Outpatient areas will click on the 'Include Outpatients in Census' icon,  immediately after signing on to update their HCU census.

Time Based Worklist

By clicking on the Time Based Worklist icon above Alerts on the Portal Screen, a list of hourly increments are displayed. Patient Care Orders that require nursing acknowledgement as either Interventions or more complete documentation on a form, will be listed here for all patients on the healthcare unit. To narrow the display, select your patient assignment by using the Patient Assignment tool.



Alerts Worklist

When an alert has been generated, it will be displayed in this worklist.

Note: A red exclamation point will also be displayed next to the patient's name on the Patient Card and in the Patient Header on each page.

New Results Worklist

You will use the New Results worklist to maintain information for the results of orders that have been placed for the patients on the selected census. If the census has been personalized, the results will appear for the selected patients.

As soon as you sign onto Soarian Clinicals, an icon on the worklist will indicate that results are available.

Once the results have been viewed, they can be removed from your worklist. You can choose to remove one item for a patient by checking the checkbox to the left of a particular item, or sign all items for a patient by selecting the checkbox to the left of the patient's name. Finalize this process by clicking on the signing icon.

Only about 3 inches of space is available for display of information in this list. To move to the next set of information, click the arrows at the top right of the selected worklist.



Note: When information is removed from your worklist, it is only removed from your worklist. When the next person signs on, the information will be there for them to view and acknowledge.

Test Description	Date	Time
30203 Testforster, Dawn	09/06/2005	11:24
PELVIS 1 OR 2 VWS_0		
CT ABDOMEN UNENHANCED_0		
ULT LEG BIL VENOUS DUPLEX_0		
PA & LAT_0	09/01/2005	11:24
OMEN ENHANCED_0	08/31/2005	15:59
OMEN UNENHANCED_0	08/31/2005	10:35
ULTRASOUND VOID BLADDER_0		

Reminders Worklist Functionality

The Reminders worklist is different from other worklists. Reminders is where the user can create a to-do list for themselves. Items will remain on the list until they are checked off as complete.

REMINDERS

1. Click  to access the Reminders worklist.
2. Type text in the provided line.
3. Click  to add the item to the list.
4. The system saves the added text reminder to the worklist, and redisplays the worklist with the new item appearing at the top of the worklist.
5. To edit a reminder, click the checkbox next to the item, click .
6. When edits are complete, click .
7. To cancel edits, click .

To remove a completed item in the reminder list, click the checkbox next to the completed item, and then click .

Working with Patient Demographic Information

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Patient Demographic Information

Follow these steps to view or print patient demographic information. To access demographic information from other visits/encounters, click on the visit drop-down list to select the patient visit for which you want to view detailed information. (i.e., insurance, demographic data, emergency contact, employment status, and admission/transfer information).

1. Click on a patient name in the census to open preview of patient record.
2. Click on the Face Sheet icon, .
3. Click on the **Print** button to print patient demographics.
4. Click on the **Close** button.

Patient Facesheet -- Web Page Dialog

TestTemple, Andrea

Visit Type IP
f 28 y Visit# 6005625162 Enc# 9004628120 MR 285904 Williamsport Hosp 4EA 47402 Williamsport Hosp IP T

Diagnosis MANDIBLE CA Physicians / Nurses Allergies: NKDA ☐ ☒ ☐

Patient Details

Birth Date:	09/14/1976	28Y	Religion:	
MRN:	285904		SSN:	356933289
MPI Number:	5429484		Race:	White
Adv Directive:			Mother MN:	

Employer Details

Employer:	Susquehanna Health System	Job Title:		Emp Status:	
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Visit Details

Patient #:	9004628120	Visit Type:	InPatient	Visit Status:	Active
Hospital:	Williamsport Hosp	Patient Type:	Inpatient Hospital	Patient Condition:	
Station:	4EA	Bed:	47402	Unit Contacted:	IP TWH
Isolation:		Complaint:		Financial Class:	Blue Cross
Admit D/T:	08/17/2005 17:26	Discharge D/T:			

Address Details

Perm Address:			Mobile Phone:	
Home Phone:		Work Phone:	Email Address:	
			County:	

Physician Details

	ID#	Specialty	Phone	Fax
Admitting:				
Attending:	HAAS ANGELA N		5703207800	5703207801
Referring:				
PCP:				
Other:				

Buttons: Print, Close, Help

5. To view a list of patient locations during this hospital stay, click on the icon by Location History. The list of all locations will be displayed.

Location History

TestTemple, Andrea

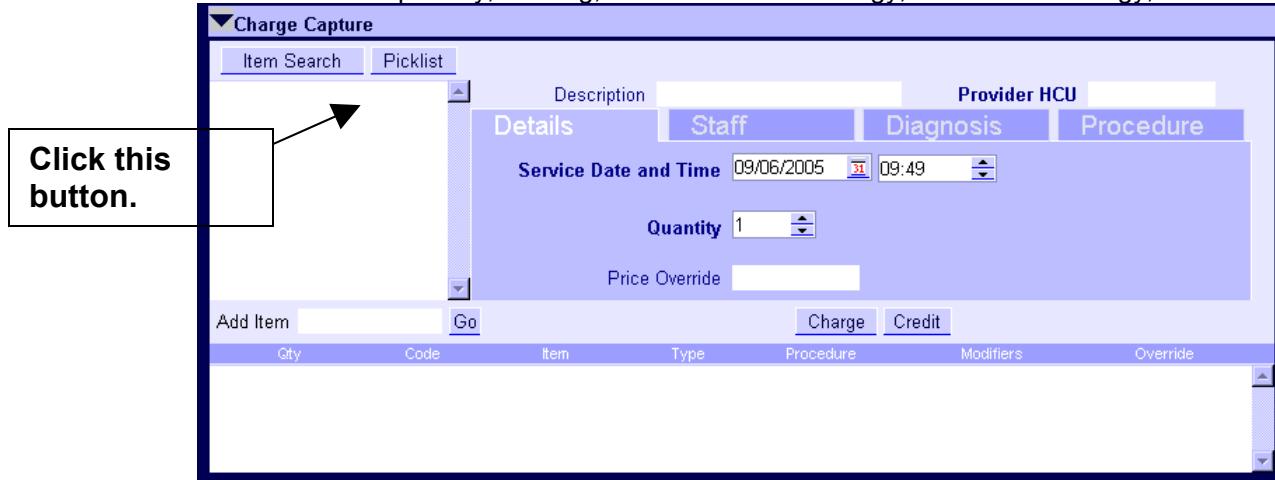
f 28y MR# 285904 PT# 9004628120 4EA 47402

Transfer By	Start Date.	End Date.	From Location	To Location	From Bed	To Bed	Accommodation Type	Reason
SOARF	08/17/2005 17:26	08/17/2005 20:13	5EA	4EA	57602	47402	Inpatient Hospital	
SOARF	08/17/2005 20:13		4EA		47402		Inpatient Hospital	

Clinical Charge Entry

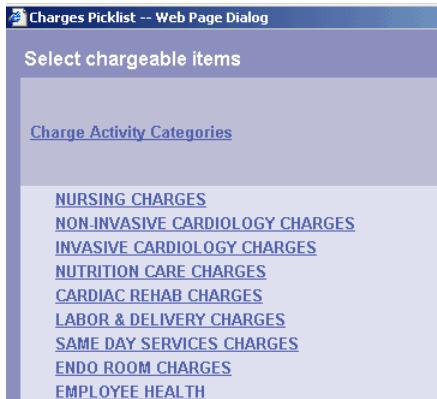
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1. Select patient name in the census or use Find tool.
2. Click on the visit icon, 
3. Select the correct visit listed on the left side of the screen to view visit detail.
4. Click on Charge Capture arrow.
5. Click on the Picklist button for a picklist of all chargeable items in Soarian Clinicals. Picklist includes: Respiratory, Nursing, Non-Invasive Cardiology, Invasive Cardiology, SDS and L&D.



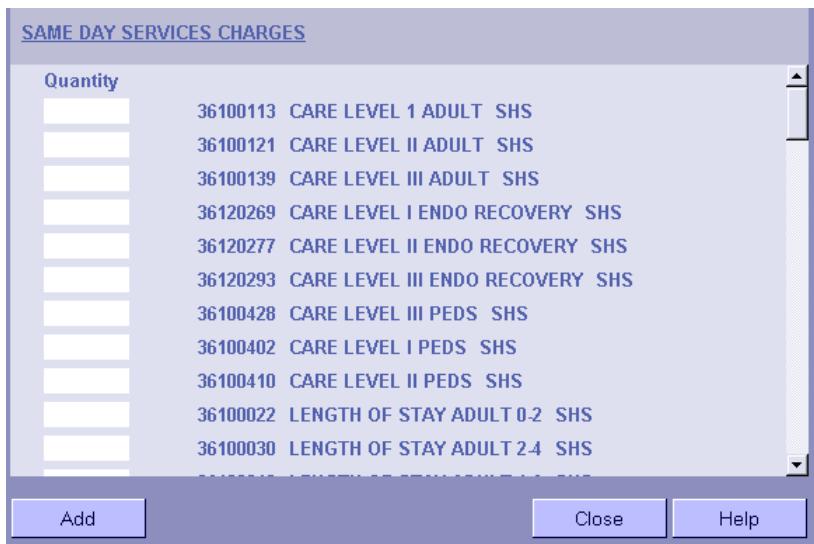
The screenshot shows the 'Charge Capture' dialog box. At the top, there are two buttons: 'Item Search' and 'Picklist'. Below these are sections for 'Description', 'Provider HCU', 'Details', 'Staff', 'Diagnosis', and 'Procedure'. Under 'Details', there are fields for 'Service Date and Time' (set to 09/06/2005, 09:49), 'Quantity' (set to 1), and 'Price Override'. At the bottom of the dialog are buttons for 'Add Item', 'Go', 'Charge', and 'Credit'. A callout box with the text 'Click this button.' points to the 'Add Item' button.

6. Click on the hyperlink for a display of all charges in the selected category.

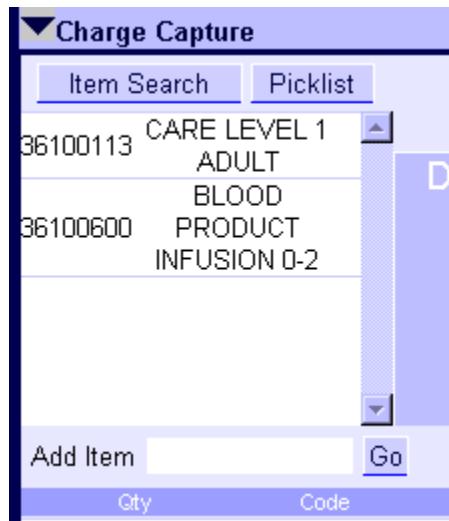


7. Enter the quantity to the left of each item. When complete, click charge.

Note: These are patient specific charges NOT total department charges.



- When you click Add, the information entered is listed back on Charge Capture screen.



- At this time, you will cancel or sign. No other information is required.



- The following day, a report can be printed thru Links function icon- Charge Capture reporting. Users will continue to receive their REV report.
- After reviewing this report, if any errors are noted, go to Charge Capture. Select the appropriate picklist and make the corrections. Add omissions. However, when crediting an overcharge, you must credit the entire number charged and then go back and enter it correctly.

Charge Viewer Icon on Portal Screen



Charge Viewer provides access to all charges and credits generated in Soarian Clinicals from the various workflows. Provides access to unprocessed and processed charges and credits. Provides capability to print a report of charges and credits on demand rather than having to wait for day end processing and report generation.

Generate Worklist -- Web Page Dialog

Generate View Charges - Search By

Single Patient Charges

Last Name	MR Number		
OR			
<input type="button" value="Find"/>	Entity		
<input type="text"/>			
Visit			
Charges By User User ID		Status <input checked="" type="radio"/> All <input type="radio"/> Processed <input type="radio"/> UnProcessed	Type <input checked="" type="radio"/> All <input type="radio"/> Charge <input type="radio"/> Credit
Visit Visit Type		Service Type SubType Name	
Range Start 07/12/2005 <input type="button" value="31"/> End 07/13/2005 <input type="button" value="31"/>		<input type="button" value="Generate Worklist"/> <input type="button" value="Clear All"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

By entering the User ID in Charges by User and clicking Unprocessed, the person entering charges can get a report of unprocessed charges entered today

Charges By User User ID <input type="text" value="cstom"/>	Status <input type="radio"/> All <input type="radio"/> Processed <input checked="" type="radio"/> UnProcessed	Type <input checked="" type="radio"/> All <input type="radio"/> Charge <input type="radio"/> Credit
--	---	---

Generate Worklist

Once information entered, click **Generate Worklist** and a list of charges will appear as seen below.

Patient Name	Patient Number	Birth Date	Quantity	Location	Admit Date	Charge Code	Service Description
MR Number	Patient Acct	Age Sex	Batch OID	Room Bed	Visit Type	Order ID	Service Date
⌘ Suzie TestSwgBd 282923	2005001357 9003065142	02/23/1980 25 Y Female	2 -	- 27001	06/13/2005 IP	Charge 44760445 -	BLOOD VIA CENTRAL LINE 06/15/2005
⌘ Suzie TestSwgBd 282923	2005001357 9003065142	02/23/1980 25 Y Female	1 -	- 27001	06/13/2005 IP	Charge 44760502 -	INSERTION OF PICC LINE 06/15/2005
⌘ Suzie TestSwgBd 282923	2005001357 9003065142	02/23/1980 25 Y Female	5 -	- 27001	06/13/2005 IP	Charge 53107850 -	ENTERAL NUT CATEGORY 1 BOTTLE 06/15/2005
⌘ Suzie TestSwgBd 282923	2005001357 9003065142	02/23/1980 25 Y Female	1 -	- 27001	06/13/2005 IP	Charge 41108218 -	BED KIN AIR IV 06/15/2005
⌘ Suzie TestSwgBd 282923	2005001357 9003065142	02/23/1980 25 Y Female	1 -	- 27001	06/13/2005 IP	Credit 41123217 -	BED FLUID AIR 06/15/2005

Patient Record/ Working with Results

Display Patient Record Information

From the Patient Census, results from the past 24 hours will appear when the Patient card is opened.

8 days	Allergies	Physicians / Nurses	
		09/09/05	05:30
SODIUM SERUM	(136 - 145) MMOLL	139	
POTASSIUM SERUM	(3.5 - 5.1) MMOLL	5.4 H	
CHLORIDE SERUM	(101 - 111) MMOLL	105	
CARBON DIOXIDE:C...	(21 - 31) MMOLL	25.4	
BLOOD UREA NITRO...	(7 - 18) MG/DL	43 H	
CREAT SERUM	(0.6 - 1.3) MG/DL	8.9 H	
GLUCOSE SERUM	(74 - 110) MG/DL	90	
CALCIUM SERUM	(8.4 - 10.2) MG/DL	8.4	
PHOSPHORUS SERUM	(2.5 - 4.6) MG/DL	4.6	
ALBUMIN SERUM	(3.5 - 5.0) G/DL	2.5 L	

For a complete listing of results, access the Patient Record tab once a patient has been selected. The Patient Record tab provides the healthcare professional access to patient results including laboratory and radiology results, etc over a selected period of time. Results are grouped together on flowsheets for ease of viewing. The user can switch between flowsheet views as needed. Result information displayed on the flowsheet can be selected for trend analysis either in a graphical or linear representation.

The Patient Record screen provides you with the ability to navigate to the desired point in a patient's medical history. The upper section contains the Encounter Navigator, which is used to set the time frame for the information that is presented in the lower section. The lower section includes the Clinical Summary and Result View.

Patient Record and Flowsheet

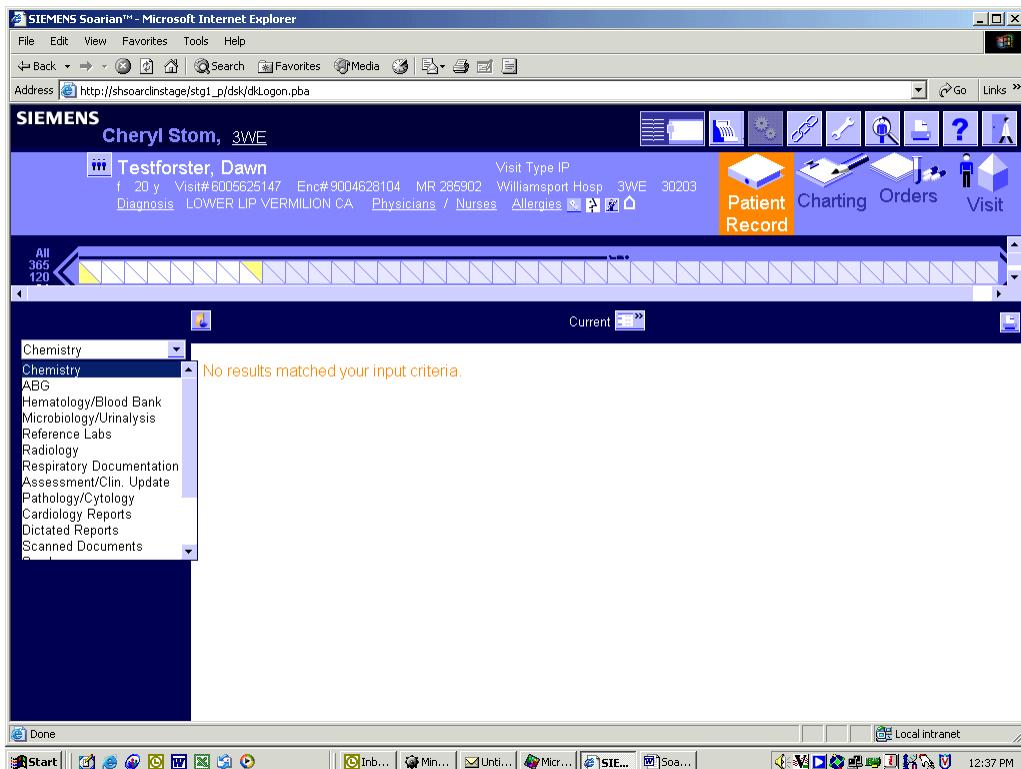
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Once a patient has been selected from the patient census you can access the patient record. The system retrieves information to build a display of results (Flowsheet) for the selected patient. You select a flowsheet from the list box. All display groups associated with that flowsheet display on the screen.

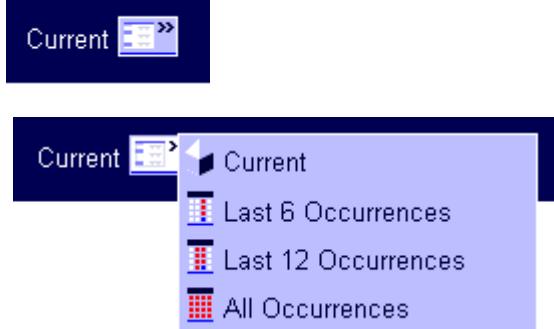
View Results in Patient Record

1. Select a patient by clicking on the patient name from your census.
2. Click on the patient record icon, 
3. Select a Result Flowsheet; all results within the selected timeframe associated with this flowsheet will be displayed.

Note: 7 days of information is automatically displayed for an Inpatient and 30 days of information for an outpatient.

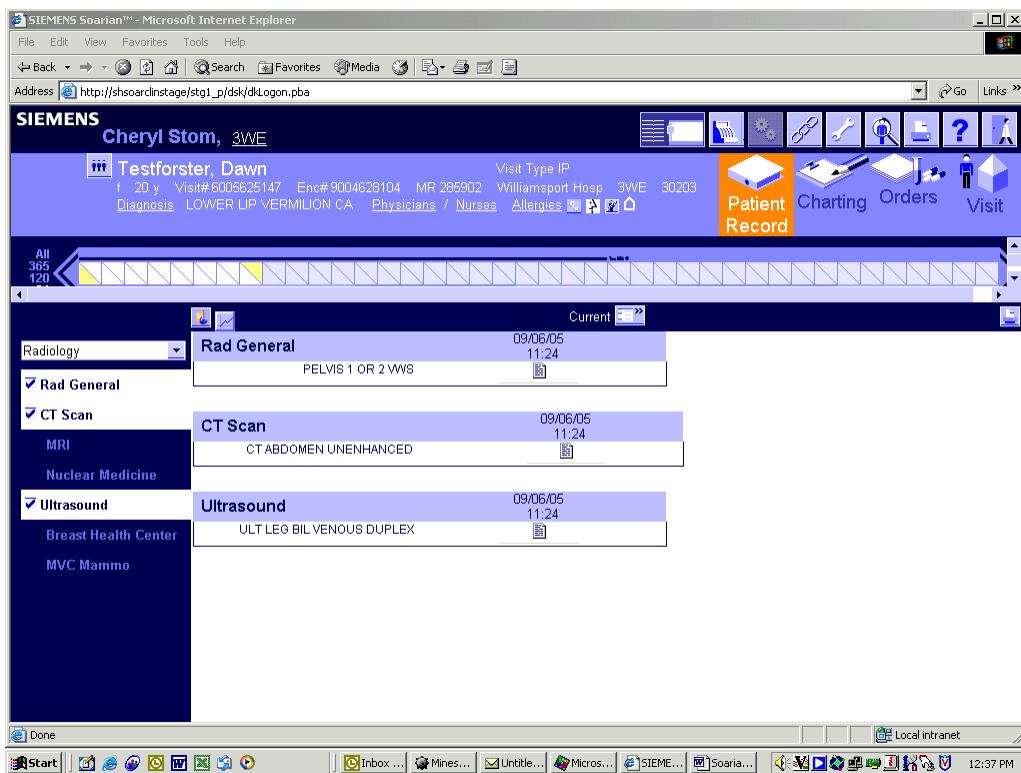


By clicking on the icon at the top of the results section, you can select alternate views.



If there are results in the category selected, the department will be backlit...i.e., a white background will appear behind the department as opposed to a blue background. There is a checkmark next to each backlit category. Display Group Focus: Provides the user the ability to quickly focus on results or observations in a specific display group by clicking on the display group name in the list on the left. Any category with results will be highlighted and a checkmark will be in the checkbox. To narrow the focus, remove the checkmark from categories you do not wish to see and leave the checkmark in the category you do wish to see. Click the Refresh arrow.

Note: Click on display group name and that display group will come up in view if not already displayed on the screen.



Note: Please review following information for data interpretation:

Information Type	Description
Yellow triangle	Information has been edited.
Red triangle	Comment added or a note written
<i>Black Text Italics</i>	<i>Information is incomplete. Results – Preliminary.</i>
Black Text N	Normal Range
Red Text H	Abnormal High
Red Text HH	Critical High
Red Text L	Abnormal Low
Red Text LL	Critical Low

Viewing Orders enables the display of order occurrence level details such as occurrence history, when an occurrence is due, if held, resumed, cancelled, discontinued, etc. The orders are listed by department for ease of viewing.

Cardiology	5/4/04 14:07			
EKG 12 LEAD Rout...	○			
APTT Routine		○		
BASIC METABOLIC ...				○
CBC Routine			○	
HEPATIC FUNCTION...		○		
HGB/HCT PANEL Ro...	○			
LIPID PANEL Rout...	○			
POTASSIUM SERUM ...			○	
RED BLOOD CELLS ...			○	
RENAL PANEL Rout...	○			
TYPE AND SCREEN ...			○	
URINE CULTURE Ro...			○	
ALDOSTERONE Rout...				
ALK PHOS FRACT R...				
ALKALINE PHOSPHO...				
ALPHA 1 ANTITRYP...				
ANGIOTENSIN-1-CO...				
ANTI DNA DOUBLE ...				
ANTI MITOCHONDRI...				
ANTI SMOOTH MUSC...				
ARTERIAL BLOOD G...				
ARTERIAL BLOOD G...				
CATH LAB ABG/AVO...				
CK WITHOUT MB Ro...			✓	
COOMBS INDIRECT/...				
DEEP FUNGUS Rout...		○		
FUNGAL ANTIBODY ...				
HEPATITIS B SURF...	○			

Orders (non-medication)	
✓	Order occurrence has been performed. Status Complete
✗	Order occurrence was not performed. Status Not Complete
○	Order occurrence is planned/scheduled but has no activity

	Order status Discontinued, Cancel, Invalid
	Order status In Progress

Viewing Order Detail Screen from Patient Record

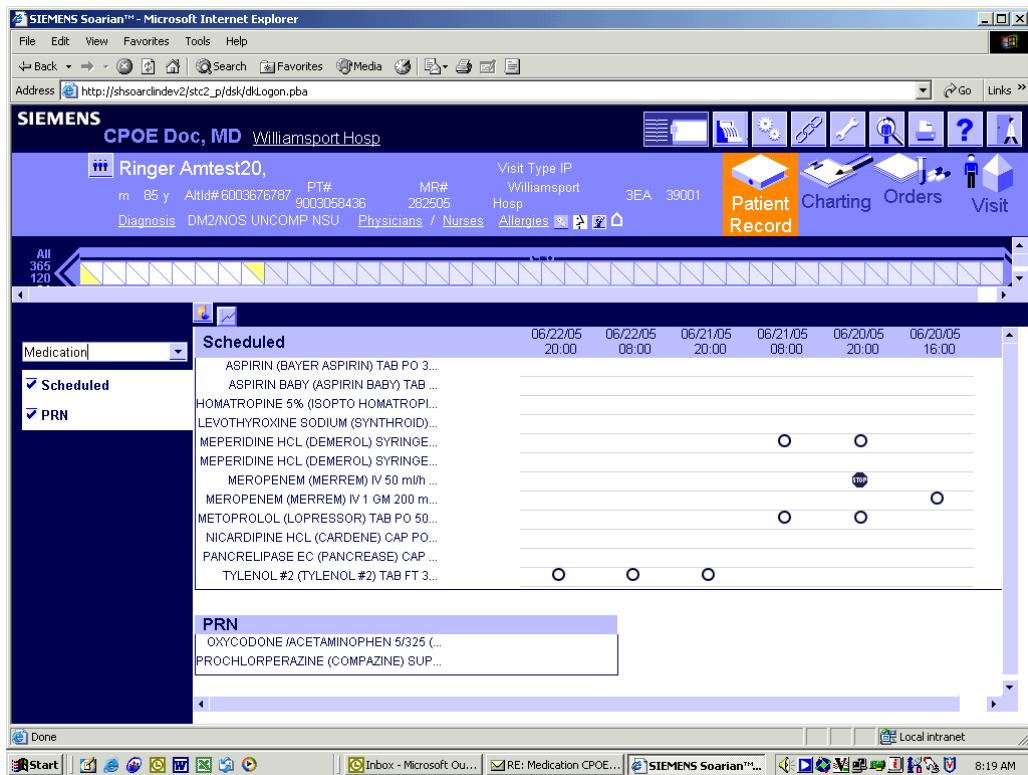
1. In Patient Record, select Orders from drop down box.
2. Click on the name of the order to be viewed.
3. Review Details and History by clicking on tabs at top of the order.



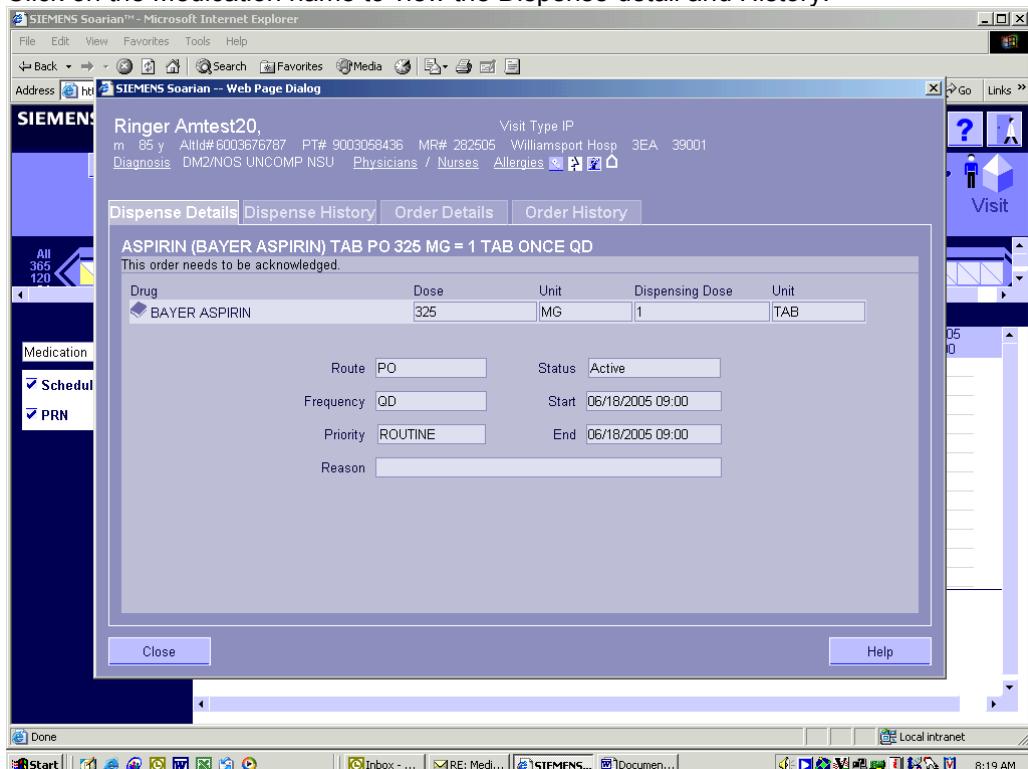
4. Click Close.

Scheduled and PRN Medication Orders Viewable

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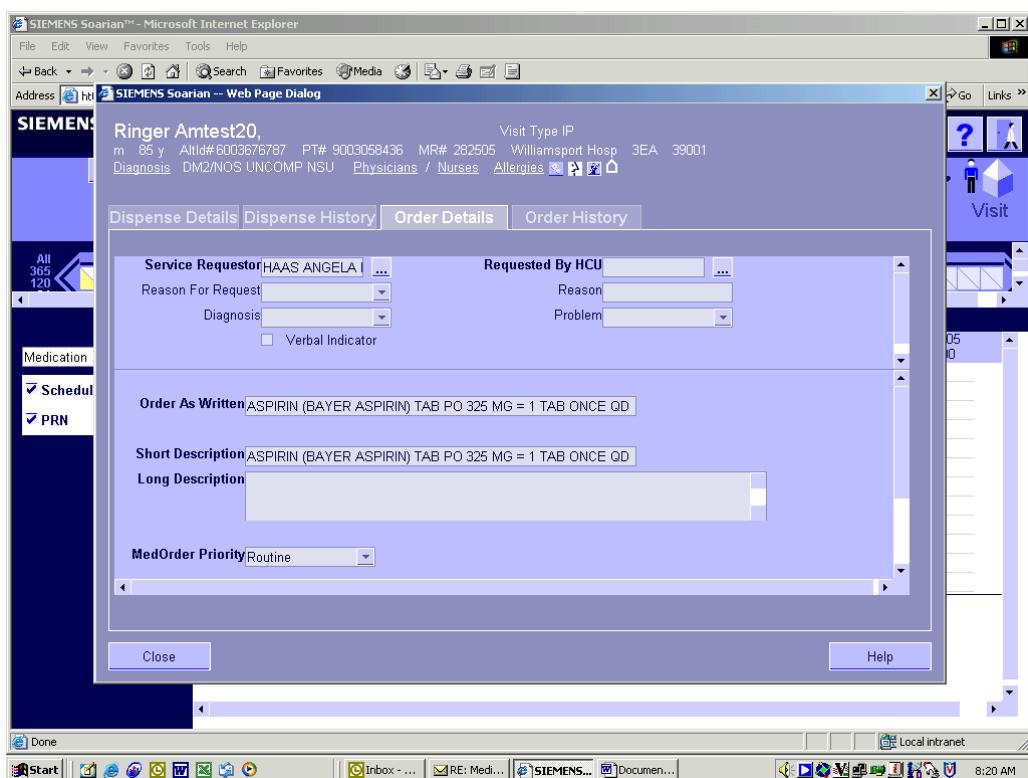


Click on the Medication name to view the Dispense detail and History.



You can also view Order Details and ordering physician.

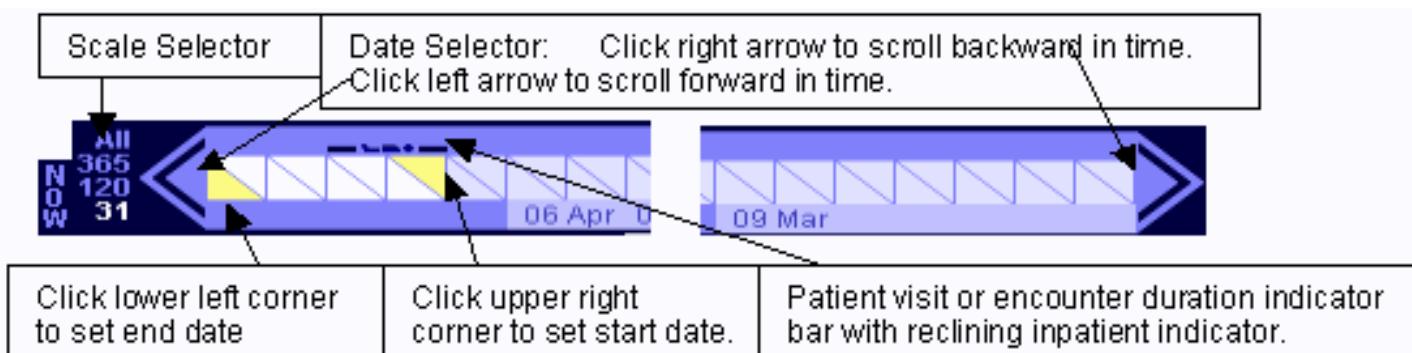
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Navigation Tool (Timeline)

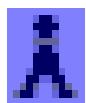
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- The Encounter Navigator at the top of the Patient Record screen enables you to set the date range of the information presented in the Patient Record. Use the screen shot below as a reference to the instructions for using the Encounter Navigator



- The Scale Selector enables you to set the viewable date range for the Date Selector.
 - Select **All** to show a complete lifetime clinical record view for the selected patient. Each box in the Encounter Navigator represents one month.
 - Select **365** to show a one-year date range. Each Date Selector box in the Encounter Navigator represents nine days.
 - Select **120** to show a four-months date range. Each Date Selector box in the Encounter Navigator represents three days.
 - Select **31** to show a one-month date range. Each Date Selector box in the Encounter Navigator represents one day.
- The Date Selector enables you to set the start date and end date for the Patient Record information. Dates proceed from right to left in reverse chronological order.
 - Click the left end of the Date Selector to scroll forward in time.
 - Click the right end to scroll backward in time. When you scroll backward in time a NOW scale appears to the left of the Scale Selector, to enable you to jump back to the current date range.
- A dark bar above the Date Selector indicates the span of each patient visit or encounter. Click an encounter indicator bar to present the Patient Record information that is applicable to the date range of the selected encounter.

- An outpatient encounter is indicated by the icon of a walking person





- An inpatient encounter is indicated by the icon of a reclining person .
 - Perform the following steps to set a specific date range for Patient Record information, if needed. The start and end dates will appear yellow and the selected date range will appear white.
 - Select the top right-hand corner of a Date Selector box to set the start date.
 - Select the lower left-hand corner of a Date Selector box to set the end date.
5. All active information for each display group appears initially in the Result View section.
- Filter the list of active information from the User Preferences Manager in the Result Flowsheet preference category, if needed.



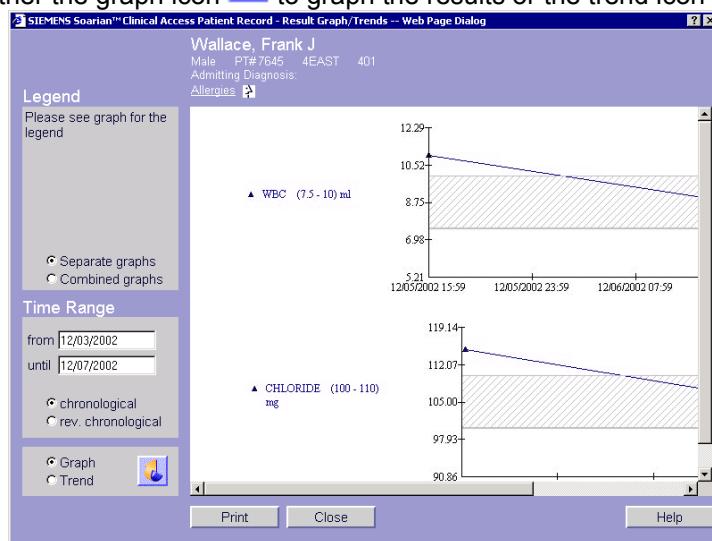
If the background of the Result View section appears shaded, click to refresh the information

Trend Results

Soarian Clinicals give you the ability to trend and graph results over time.



1. To trend numeric result data click the trend button, . When you do so, additional buttons appear: . Also notice that a check box appears to the left of each service listed.
2. Select the results you wish to trend by putting a check in the checkbox to the left of the result (service) name.
3. Click either the graph icon to graph the results or the trend icon to trend the results.



The Result Graph/Trend screen shows the results that you chose. Each result displays in a separate graph. You can choose **Combined graphs** in the legend to display multiple results on one graph. There is a limit of 8 services that can be displayed per combined graph. There are also scroll bars that will allow you to scroll if you cannot see the whole graph in the window.

On the left hand side of the screen are the Time Range fields. What is currently displayed is based on the number of days selected on the timeline on the previous screen. You can adjust the time range by changing the ‘from’ and ‘until’ fields, this will allow you to see different results. You can change the result order from chronological to reverse chronological. Lastly, if you want to see the results trended, you can select trend and click the refresh button.



4. Change any parameters as needed and select the refresh button .
5. Click Print to print out the graph or trend.
6. Click Close to return to the results display..

Charting Icon

Working with Patient Allergy Information

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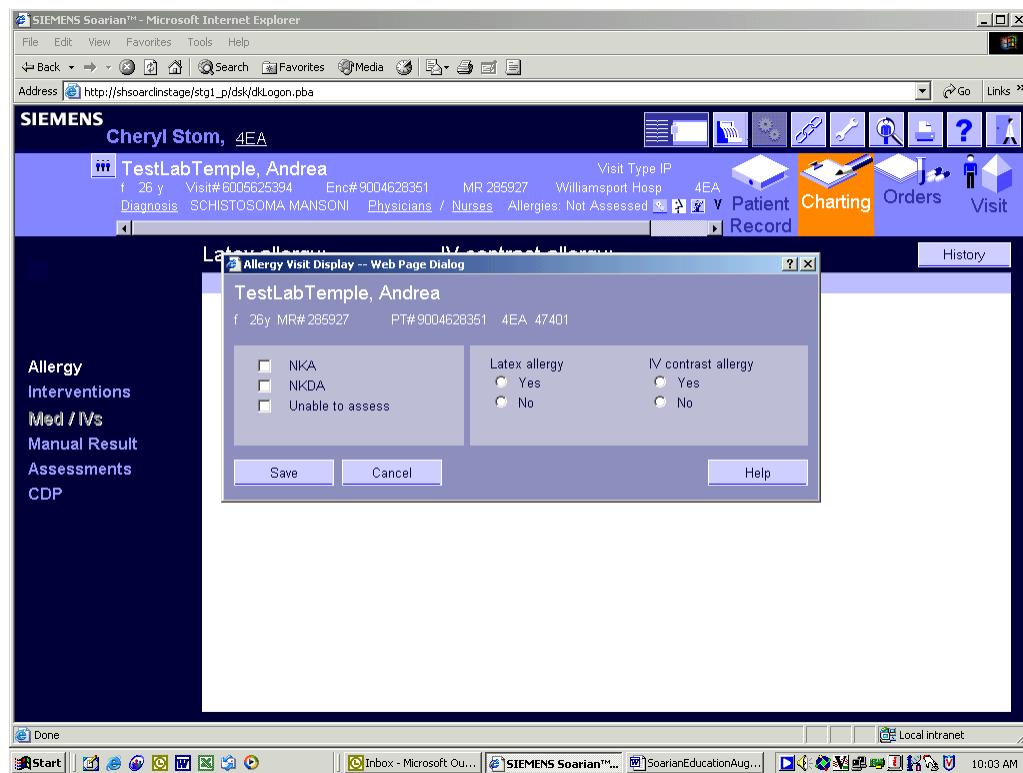
Soarian supports an Alert if the patient has an allergy entered into the system. You can reach allergy information at anytime while in a patient record by clicking on the hyperlink Allergies. You can modify an existing allergy or add a new allergy to the patient's record.

Soarian supports a catalog for both drug allergies and other allergies. Latex and IV contrast allergies are required entries for all patients.

Add or Update an allergy

Follow these steps to add an allergy to the patient record.

1. Select a patient by clicking on the patient's name in your census list.
2. Click on the Charting icon, .
3. If allergies have not been assessed or if they have been marked as NKA, NKDA or Unable to assess, the Patient Allergy Assessment dialog box will display. Update the screen with newly assessed allergy information.
4. Click on the **Save** button.



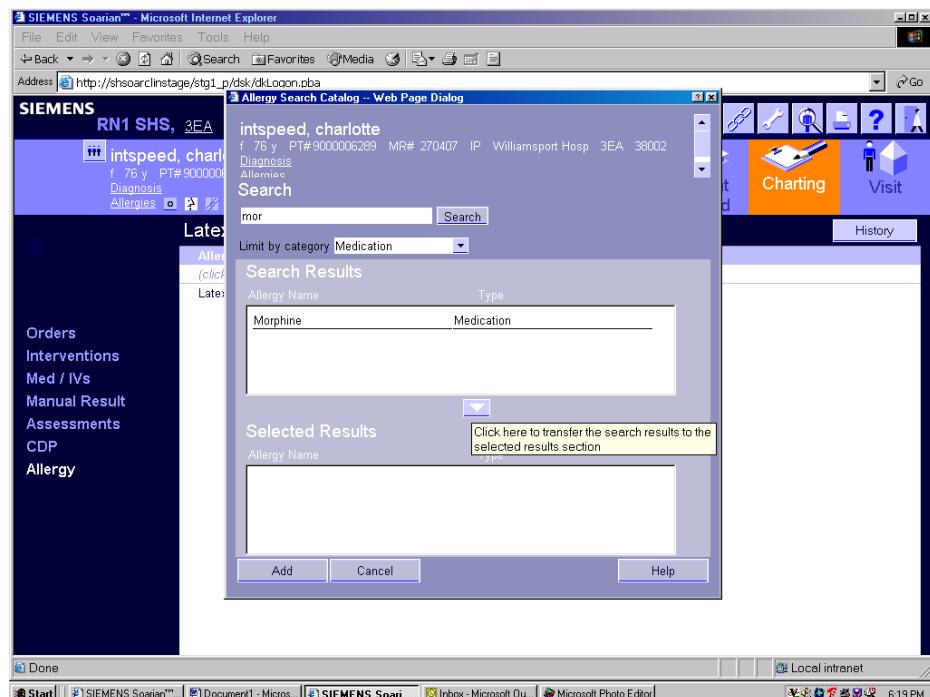
5. To add a new allergy, select Allergy from the left navigator.
6. Click on “[click here to add a new allergy](#)”

Latex allergy: N		IV contrast allergy: N	
Allergy Name	Reaction	Severity	Type
<i>(click here to add new allergy)</i>			

7. The Allergy Search dialog box displays (see figure below). In the search field enter at least three characters of the allergy name.
8. Selecting a category from the “Limit by category” field helps narrow the search.
9. Click on the down arrow and select a category from the drop-down list.
10. Click on the **Search** button.
11. Select the correct allergy from the search results window by clicking on the allergy and then clicking on the down arrow.
12. Verify that the correct allergy is displayed in the Selected results window.

Note: You may search for as many allergies as needed prior to completing step 13.

13. Click on the **Add** button.



14. Choose a reaction and severity from the appropriate drop down boxes. Add a comment if necessary.

15. Click on the **Save** button.

If the allergy for which you are searching does not exist in the allergy catalog, you can add the allergy by clicking on the link 'Free text entry' and type in the name of the allergy.

Search

ceclor

Limit by category

Search Results

Allergy Name	Type
No results found. Please modify your search and try again.	

Free-text entry

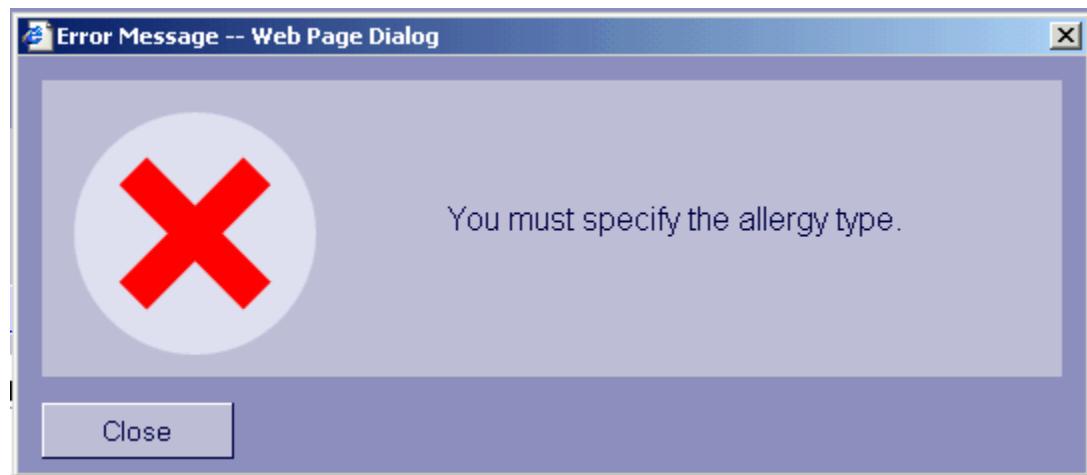
The Type must be entered as either Medication or Other.

Allergy Name

Type

Onset

If you do not enter the allergy type, you will not be able to add the allergy.



Reassess/Verify Allergy

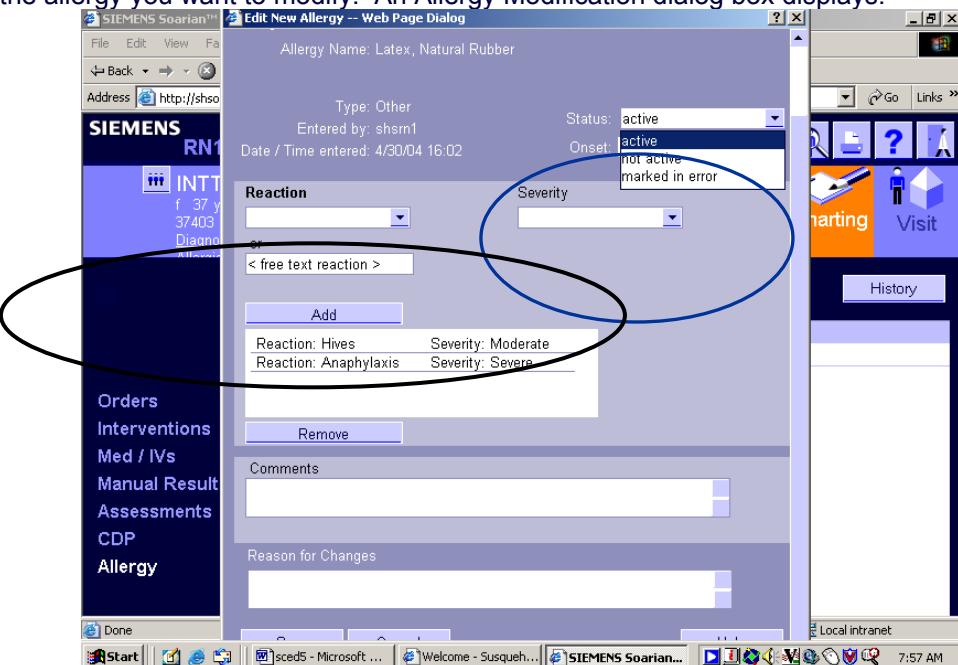
Reassess indicates that visit information has been changed or allergies may have been associated incorrectly to the selected patient and therefore need to be reassessed. When a record merge occurs with a newer MR# to the older one for example and there are no documented allergies on the "merge to" record, this message may appear.



Modify an allergy

1. Select a patient by clicking on the patient's name in your census list.
2. Click on the Charting icon,
3. Click on the text 'Allergy' in the navigator.

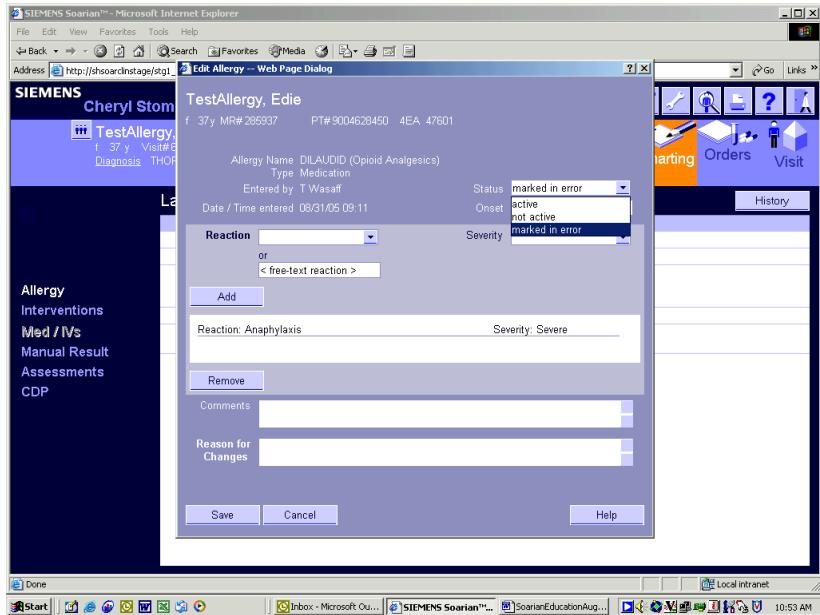
4. Select the allergy you want to modify. An Allergy Modification dialog box displays.



5. You can change the Status, Onset, Reaction or Severity of the allergy.
6. When you make a change to an allergy, you will be required to enter a Reason for Change.
7. Click on the **Save** button to save the changes.
8. Press **Cancel**.

Allergy Marked in Error

1. Select the allergy you want to modify. An Allergy Modification dialog box displays.
2. Change the status to Marked in Error.
3. Enter reason for change.
4. Click Save.



History Button

By clicking this button, all historical allergy information displays including modifications.

Allergy Name	Field Changed	Prior Value	New Value	Changed by	Revision Date
Latex, Natural Rubber			added as allergy	shsm1	4/30/04 16:02
Latex, Natural Rubber	Reaction Hives		added as reaction	shsm1	4/30/04 16:02
Latex, Natural Rubber	Severity of Hives		Moderate	shsm1	4/30/04 16:02
Latex, Natural Rubber	Reaction Anaphylaxis		added as reaction	shsm1	5/3/04 07:08
Latex, Natural Rubber	Severity of Anaphylaxis		Severe	shsm1	5/3/04 07:08
Doxycycline			added as allergy	shsm1	4/30/04 16:03
Doxycycline	Reaction Hives		added as reaction	shsm1	4/30/04 16:03
Doxycycline	Severity of Hives		Moderate	shsm1	4/30/04 16:03

View Allergies

2. Click on a patient name in your census to open patient record preview.
3. Click on the Allergies hyperlink. (Available if patient has allergies listed on record.)

Allergy Name	Reaction	Severity
IODINE (INCLUDES RADIOPAQUE AGENTS w/IODINE)	Anaphylaxis	Severe
DILAUDID (Morphine)	Anaphylaxis	Severe
DILAUDID (Opioid Analgesics)	Anaphylaxis	Severe

4. Click on the **Close** button to return to previous screen.

If the patient does not have allergies available any one of the following may display:

- **Allergies Not Assessed** - Will display if the patient had a status of NKA at the last patient visit. Use the Allergy choice on the Navigator to add allergies.
- **Allergies: NKA** - Patient has no known allergies. Use the Allergy choice on the Navigator to add allergies.
- **Allergies: NKDA** - Patient has no known drug allergies. Use the Allergy choice on the Navigator to add allergies.

Working with Assessment

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In this section, you can complete the Admission Assessment, Update Clinical Data, other routine assessments and interventions

1. Admission History and Assessment

1. Select the patient from the **Census**.
2. Open the **Patient Card**.
3. Select the **Charting** Icon.
4. Click **Assessment** on the left of the screen.
5. Click **Admission** on the right of the screen and click the ok icon at the lower right side of



the screen . The appropriate Admission Assessment will be pulled based on the age of the patient and how the patient is registered.

NOTE: If for some reason, the correct assessment does not come up, all Admission Assessments are located under the ALL tab. You may select the correct one. However, if the patient was to have a SDS assessment and instead an inpatient assessment was tied to the patient, an assessment will NOT print automatically. The automatic print is tied to how the patient is registered and not which assessment is picked.

Assessment Completion

1. The Admission History and Assessment is set up in Chapters. At any time during the admission process, the information can be saved by clicking on the **sign** button at the lower right hand side of the screen.
2. Based on hospital policy or Accrediting Agency criteria, some information is required. If you leave a chapter without completing the required information, a red flag will appear to alert you.



Admission

3. When re-entering this chapter, incomplete required areas will be highlighted as pink.

Family Physician

4. Height, Weight and Temperature conversion is available by using the conversion icon.



5. Soarian recognizes gender and hides specific questions for our male patients but makes them visible for our female patients.

Completing an Assessment already IN PROGRESS

When finishing an assessment that someone else started or re-entering one you left in progress, click on the Admission Assessment in the Scheduled/Incomplete Assessments section.

Scheduled / Incomplete Assessments		
▼ Admission		
Assessment	Collection Status	Charted By
Admission	● 06/27/04 14:33	shsrn1

You can only re-enter the assessment in this manner if you've been saving as you go along. If you don't save and leave, there will not be an assessment in progress.

When the assessment is being completed on a different day from the day it was initially started, the RN must change the date saved at the bottom to the new current date prior to saving.

Saving Assessment as Complete

When the assessment is complete, change to **COMPLETE** at bottom right hand side of screen and save and click on pencil. If pencil NOT highlighted, click anywhere in the body of the assessment. The pencil will highlight. Then, confirm the progress has been changed from In Progress to Complete and click the pencil.

NOTE: You must enter every chapter whether you need to complete anything in that particular chapter or you won't be able to save as complete.

If extra assessments have been started but aren't needed, open the un-needed documents and save them as Erroneous. Enter the reason these assessments are not needed, i.e., too many assessments started or extra assessment not needed to get them to disappear from the list.

Automatic Referrals

Rules are available in Soarian to allow the sending of referrals to specific departments when an assessment is saved as complete. Automatic referrals available in the admission assessment are:

- BMI- Case Management and Enterostomal Therapy RN contacted for Bariatric needs.
- Patient interested in receiving information on completion of a Healthcare Directive- Social Services
- History of Antibiotic Resistant Organism- Director of Infection Control
- Smoking Cessation education desired- Respiratory Therapy
- Nutrition Screen positive response- Dietary consult
- Skin Integrity Assessment score of 16 or greater- Enterostomal Therapy RN
- Wound Staging- Enterostomal Therapy RN
- Discharge Needs- Social Services and/or Case Management

Update an Assessment after Complete

- Under the Patient Record icon, click on Assessment/ Clin Update to locate the assessment.

- b. If it has been longer than the current display setting (i.e., 5 days) then you may need to adjust the navigation tool and hit refresh to view the Admission Assessment.
- c. Click on the document and click EDIT.
- d. After all changes made, click save and enter the reason for the change.

Entering an Assessment after a Downtime

- a. At the bottom of the Assessment, there is a blank that says "Charted for".
- b. Fill in the blank with the name of the person who collected the data on the Downtime form.

Note: Keep the handwritten downtime document as a permanent part of the medical record when entering data for another user.

Viewing History of Assessment Documentation

1. Under the Patient Record icon, click on Assessment/ Clin Update to locate the assessment.
2. If it has been longer than the current display setting (i.e., 5 days) then you may need to adjust the navigation tool and hit refresh to view the Admission Assessment.
3. Click on the document and click History.
4. The date and time of each save is listed and the user is listed along with the status.

Revision Date	Changed by	Old Status	New Status
03/23/05 05:18	N Nurse	In progress	Complete
03/08/05 12:15	B Good	In progress	In progress

5. To view changes made to the assessment by user, click on the date hyperlink next to the different nurse's name.

Revision Date	Changed by	Old Status	New Status
03/23/05 05:18	N Nurse	In progress	Complete
03/08/05 12:15	B Good	In progress	In progress

The Old Value will appear and the New Value will appear.

Field	Medication
Old Value	FUROSEMIDE 40MG AM
New Value	FUROSEMIDE 40MG AM prn

2. Update Clinical Data

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- Select the patient.
- Open the Patient Card.
- Select the **Charting** icon
- Click **Assessment** on the left side of the screen.



Click on **Update Clinical Data** and click **OK** in the lower right hand corner

Some information carries over from the Admission History and Assessment; Emergency Contact, Healthcare Directive information, Admission Height/Weight and History of Present Illness.

Once the initial **Update Clinical Data** document is completed, all further changes should be made in the Patient Record by editing the document previously completed.

Case Managers and Social Services will enter name of who is following patient in this section when applicable.

3. Interventions and Clinical Documentation

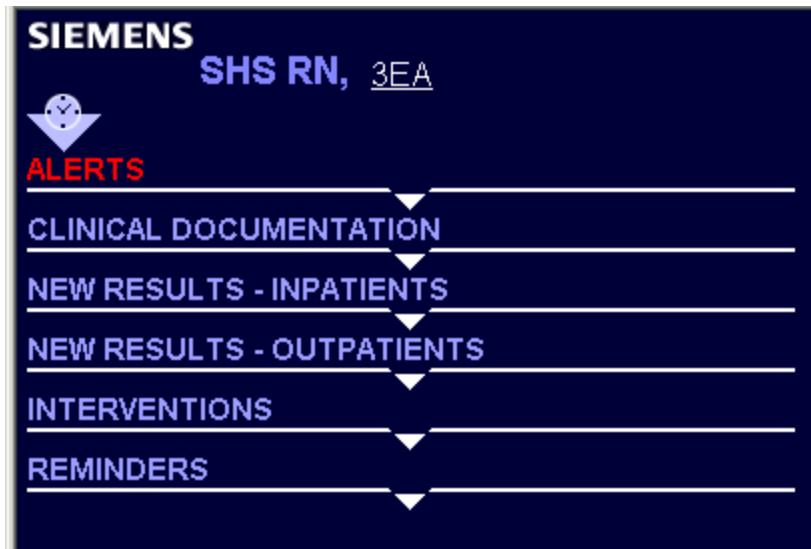
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Definitions:

Interventions- Tasks that simply require acknowledgement by the appropriate individual.

Clinical Documentation- Detailed documentation on a specific flow sheet.

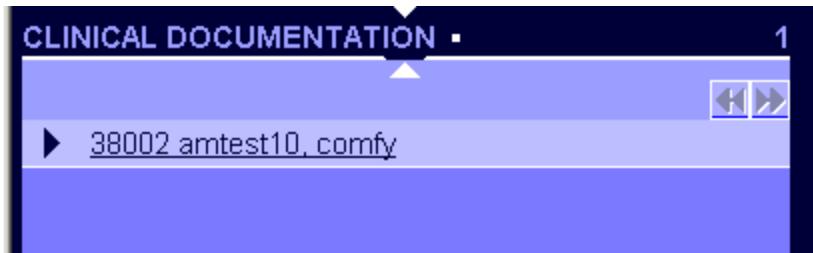
To complete documentation of patient care, the enduser may need to use interventions, clinical documentation or both. No matter which approach is selected, the Interventions or Clinical documentation requirement will be removed from the list of tasks to perform under Clinical Documentation, Interventions and the Time Based Worklist for all users once they have been completed.



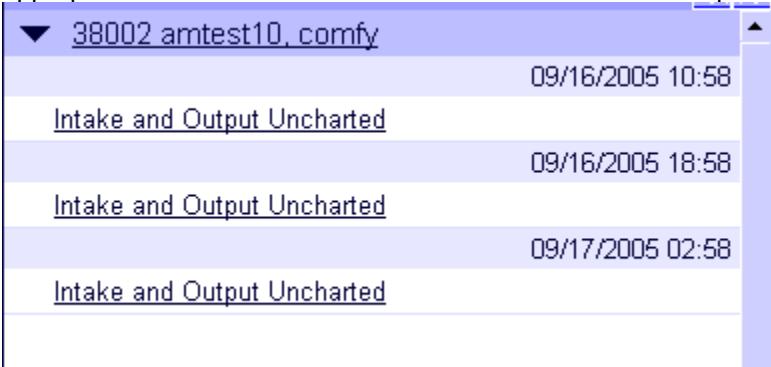
Clinical Documentation

The enduser can click on Clinical Documentation from the worklist on the left of the Portal Screen.

When this Worklist is open, patient names will appear. If the enduser has personalized their worklist, only those patients they are caring for will appear on this list. Otherwise, it is the entire patient census.



When the enduser clicks on the triangle to the left of the patient's name, the scheduled documentation for that patient will be present. By clicking on the desired documentation, the enduser will be taken to the appropriate flow sheet where the documentation can be completed.

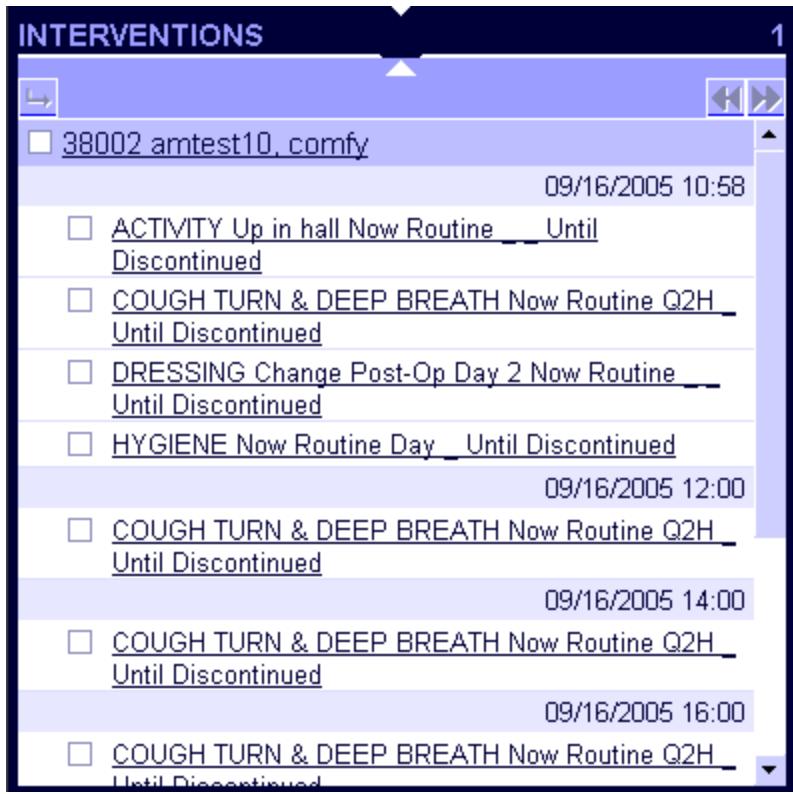


Once the form is signed as complete, the enduser will be returned to the Assessment screen in Patient Charting. The enduser can at that point in time, select another form to document on, change to Interventions under Patient Charting or return to the Portal Screen to continue to work from the Worklist. The enduser can also change patients by clicking on the Patient List.

Interventions

The enduser can click on Interventions from the worklist on the left of the Portal Screen.

When this Worklist is open, patient names will appear. If the enduser has personalized their worklist, only those patients they are caring for will appear on this list. Otherwise, it is the entire patient census.



More than one Intervention can be acknowledged from the worklist at a time. Place a check next to one or more interventions and click the sign icon.

Time Based Worklist

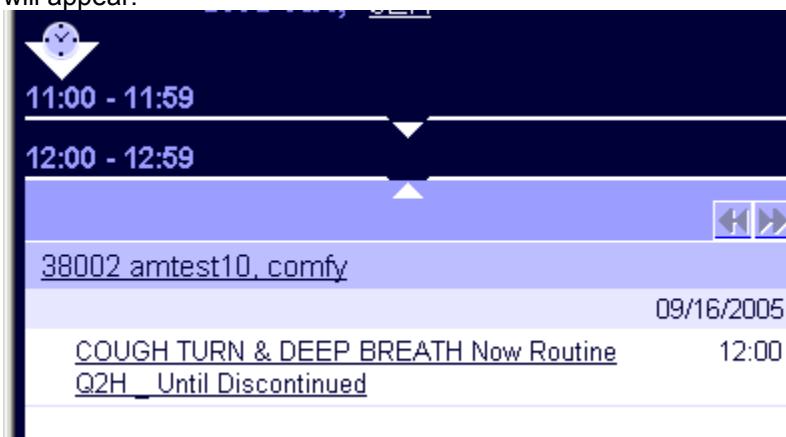
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The enduser can also click on the Time Based Worklist icon to access an hour by hour breakdown of all

Interventions and Clinical Documentation for their assigned patients.



By clicking on the triangle for the desired time frame, all patients and the Interventions/Clinical Documentation for that time period and from any previous time periods that have not been documented will appear.



The example above is an Intervention so when the enduser clicks on the Intervention, they are taken to the Intervention documentation time slot.

COUGH TURN & DEEP		09/16/2005 12:00:00 14:00:00 16:00:00 18:00:00 20:00:00 22:00:00
►►BREATH Now Routine Q2H _ Until Discontinued		09/17/2005 00:00:00 02:00:00 04:00:00 06:00:00 08:00:00 10:00:00
09/16/05 12:00	Start	09/16/2005 31 12:00 <input type="button" value="▲"/> <input type="button" value="▼"/> <input type="button" value="..."/> 20050916 <input type="button" value="▶"/> <input type="button" value="▼"/>
	Performed By	<input type="button" value="..."/> Supervisor Staff <input type="button" value="..."/>
09/16/05 14:00	Start	09/16/2005 31 14:00 <input type="button" value="▲"/> <input type="button" value="▼"/> <input type="button" value="..."/> 20050916 <input type="button" value="▶"/> <input type="button" value="▼"/>
	Performed By	<input type="button" value="..."/> Supervisor Staff <input type="button" value="..."/>
09/16/05 16:00	Start	09/16/2005 31 16:00 <input type="button" value="▲"/> <input type="button" value="▼"/> <input type="button" value="..."/> 20050916 <input type="button" value="▶"/> <input type="button" value="▼"/>
<input type="button" value="Back"/> <input type="button" value="Up"/> <input type="button" value="Down"/> <input type="button" value="Next"/> <input type="button" value="Last"/>		

When signed as complete, the enduser can remain on the Intervention screen and complete further documentation. Any documentation completed here is also removed from the Intervention and Time Based worklist.

Scheduled	PRN
COUGH TURN & DEEP	09/16/2005 12:00:00 14:00:00 16:00:00 18:00:00 20:00:00 22:00:00
►►BREATH Now Routine Q2H _ Until Discontinued	09/17/2005 00:00:00 02:00:00 04:00:00 06:00:00 08:00:00 10:00:00
►HYGIENE Now Routine Day _ Until Discontinued	09/17/2005 07:00:00
►ACTIVITY Up in hall Now	
►Routine _ _ Until Discontinued	09/17/2005 10:57:00
DRESSING Change Post-	
►Op Day 2 Now Routine _ _ Until Discontinued	09/17/2005 10:57:00

If the enduser were documenting on a form, they would remain in Assessment in Charting and could access other required documentation.

If at any time, there is a need to retrieve a form that does not have an order tied to it, the enduser can go to the Begin New Assessment Filtered Tab and select the form and click OK. Then, complete the necessary documentation.

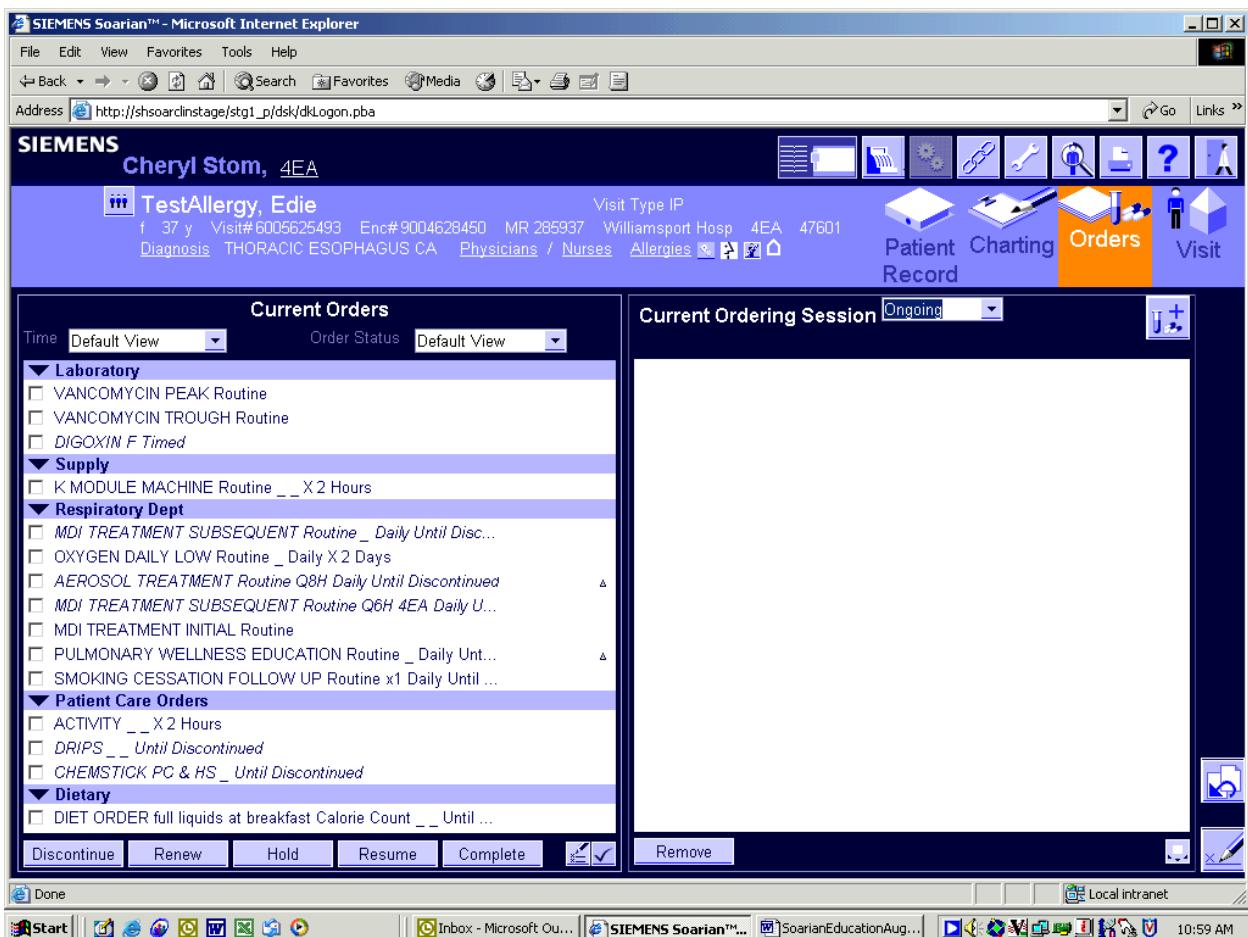


Working with Orders

[Return To Top](#)

Place an Order

1. Select a patient by clicking on the patient name from the census. Confirm that the correct encounter is being displayed. In the patient header, you will see the patient's name, MR#, etc and also IP for Inpatient, the hospital, unit and room number or OP and the Department.
2. Click in the Orders icon,



On the left side of the screen, Current orders for the patient will display. Orders are organized by departments, which appear in the blue banners.

Time and Order Status selection box at the top of Current orders. The Default View for Time is any order since Registration that meets the criteria in Order Status. The Default View for Order Status is Active and In Progress. You may click on the drop down box to select another viewing option.



To view anything else, click on the dropdown box.

Note: Viewing Results from Current Orders

Order Status Complete If you select complete in Order Status, a list of all tests ordered will appear. Click on the test. Select Result. The result will appear.

The right side of the screen, the Current Ordering Session, will populate with the orders that you place during this ordering session.



3. Search and select an order by first clicking or the picklist icon :
4. The following screen appears:

TestAllergy, Edie f PT#285937

Session Details

Ordered By [] Search

Service Requestor HCU []

Verbal Order []

Priority []

Reason For Request []

Other Reason []

Ordering Device []

Working Diagnoses []

Problems []

Order Start Date/Time / / : :

The completed details will be applied to all applicable orders

5. In Session Details on the right hand side of the box, type in the ordering physician's name in Ordered By. Click Search. In the box under Ordered by, select the physician's name. The name will be applied to all orders.

Session Details

Ordered By [] Search

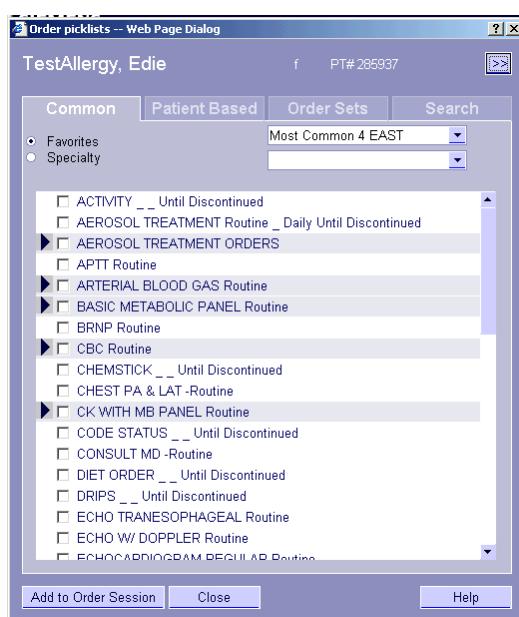
6. If the priority for all orders being entered is the same, you may enter it in the Priority box in Session Details.



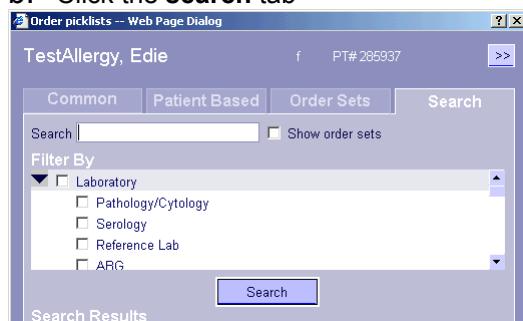
7. The enduser can close the Session Details box by clicking on the arrow to the left of Session details.



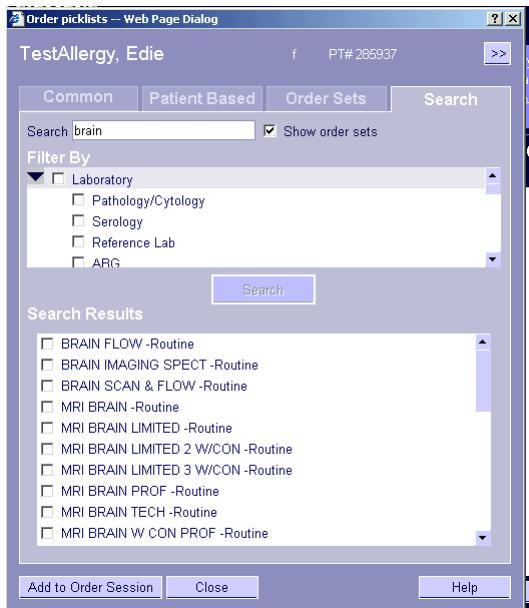
8. The Most Common picklist for the unit the patient is on will appear on the left. Alternate picklists and preprinted orders may be selected by using the dropdown box.
- Put a check mark next to the order(s) that you want to place.
 - Click the **Add to Order Session** button.



- b. Click the **search** tab



- Type in at least 3 characters to search for a specific service.
- Select a service type or subtype to narrow the search.
- Show order sets must be checked.
- Click the search icon.



- V. Select the correct order from the search results and click the **Add to Order Session** icon.

DO NOT CLICK CLOSE AT THIS TIME. If you click "Close" at this time, all your selections will be lost. Click "Close" AFTER all Order Detail Screens have been completed.



NOTE: You may Search by department only. If this option is used, only 40 items will appear at a time. You may need to navigate from page to page by using the arrow at the top of the list.

◀ More ▶

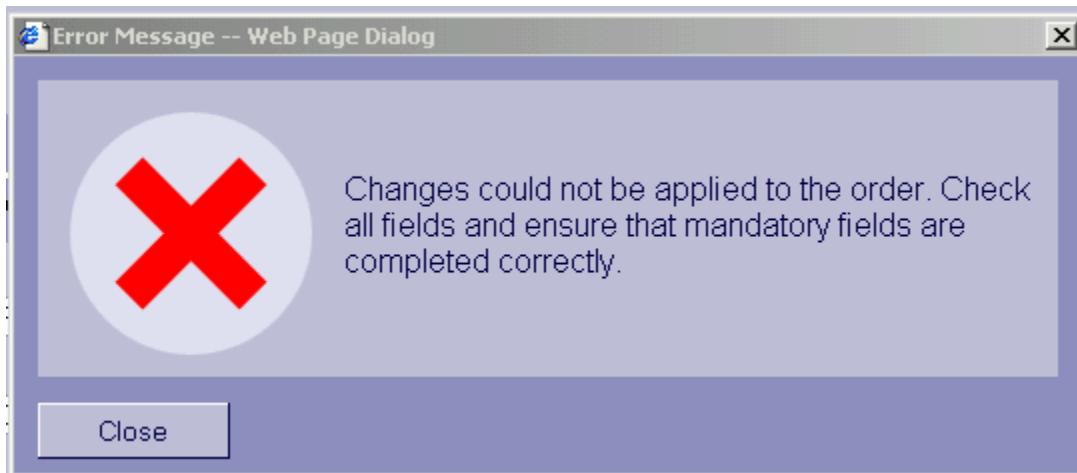
Added bonus, you can select from a Picklist and also Search before completing the orders. Multiple orders can be selected from the Picklist. If the Search is very specific, the enduser can only select one order but if the search is by a category, numerous orders can be selected.

9. Review the order detail. Modify information on the form as necessary.

Note: When a set of orders has several orders from one department, a selection will appear halfway down the page which, once checked, allows you to group orders from that same department onto one order form. By doing this, you only enter the data details one time. If not selected with the first order, you will be required to enter each order individually. Use this choice as a time-saver BUT only when appropriate. It will appear when orders from similar departments are ordered by if the detail of the order will be different, DO NOT select it.

The screenshot shows the 'Blood Bank Orders' section of the software. At the top, there's a checkbox labeled 'Show and Apply details to ALL applicable orders'. Below it, a list of items includes 'Blood Bank - ALBUMIN 25%, 50 ML', 'Blood Bank - ALBUMIN 5%, 250 ML', 'Hematology - APTT', and 'ABC - ARTERIAL BLOOD GAS PANEL'. There are dropdown menus for 'Priority' and 'Specimen Collected?'. The 'StartDateTime' is set to '05/03/2004 08:01' and the 'StopDateTime' is '// 00:00'. Below these are checkboxes for 'Pt has line', 'Nurse To Collect', and 'Blood in lab', followed by a dropdown for 'No Blood Draws'. At the bottom right are buttons for 'Order & Finish', 'Cancel', and 'Help'. The taskbar at the bottom shows various open windows and the date '7:59 AM'.

However, if there is a required field on the order, you will get the following error message.



Prior to checking "Add to Order Session", complete the Required field, in this instance Site/Source and then click "Add to Order Session" to continue.

A screenshot of a dropdown menu with a pink header bar containing the text 'Site/Source'.

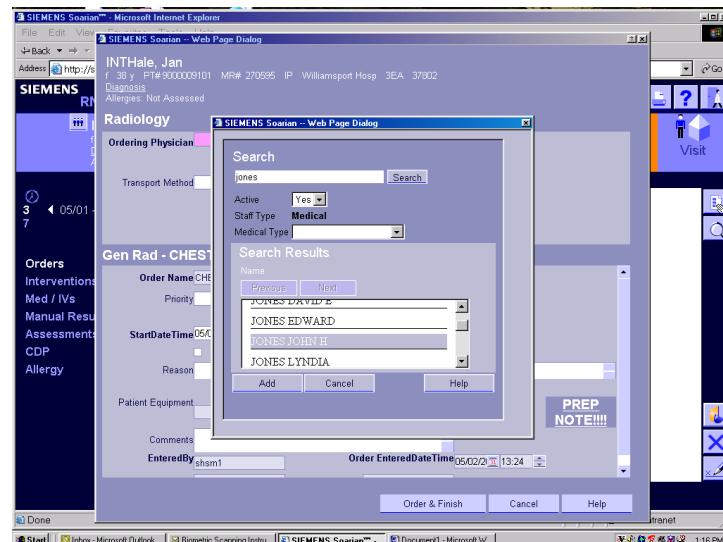
Note: If there are several orders, you do not need to add the physician's name multiple times. The physician can be changed from order to order if necessary.

Prep Notes:

Prep notes are described on the Order Detail Screen and also print to the unit's and Pharmacy's printer for additional transcription/follow-up. The Prep note will also print to the Kardex with the ordered test.

Prep Note	Morning Scan-CI Liq Breakfast; Afternoon Scan-CI Liq Lunch; If NPO, verify w/MD Oral Contrast is acceptable; 45min-2hrs prior to test contrast to
-----------	---

- If the physician was not entered as previously described in Step 5 above, enter the physician. Click on the button to the right of the Ordering physician field. Type one or more letter of the doctor's last name and click Search. Select the doctor's name and click Add to select the doctor.



- Some fields on the form are mandatory. Mandatory fields turn pink if they are not valued before the Order and Finish button is clicked. You cannot proceed with the ordering process until the fields are populated.

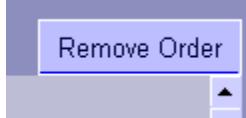
Note: The PEM Order Number is required on outpatient testing.

The screenshot shows a Siemens Soarian software window. On the left, there's a sidebar with 'Orders', 'Interventions', 'Med / IVs', 'Manual Resu...', 'Assessments', 'CDP', and 'Allergy'. The main area shows patient information: JONES, John H, f 40 y, PT#9000000862, MR# 270030, OP Williamsport Hosp 3EA 37701. Below this is a 'Laboratory' section. A black arrow points to the 'PEM Order #' field. Other fields include 'Ordering Physician HAAS ANGELA', 'Pt Alerts', 'Copies to', 'Ordering Dept TWH', 'Hematology - CBC' section with 'Priority Routine', 'Specimen Collected? No', 'Call Result to', 'Comments', and 'EnteredBy shsm1'. Buttons at the bottom include 'Order & Finish', 'Cancel', and 'Help'.

12. Click the **Order and Finish** button.

Tip: If you click on Order and Finish and the order detail form does not close, review the form again to ensure that no fields are pink, indicating mandatory information has not been entered. You may have to use the scroll bar on the right hand side of the screen to view all fields.

13. If during the order entry process, it is determined that a particular order isn't needed, the Remove Order icon can be checked to remove just that one order. If the Cancel icon is clicked at the bottom of the page, the entire series will be removed.

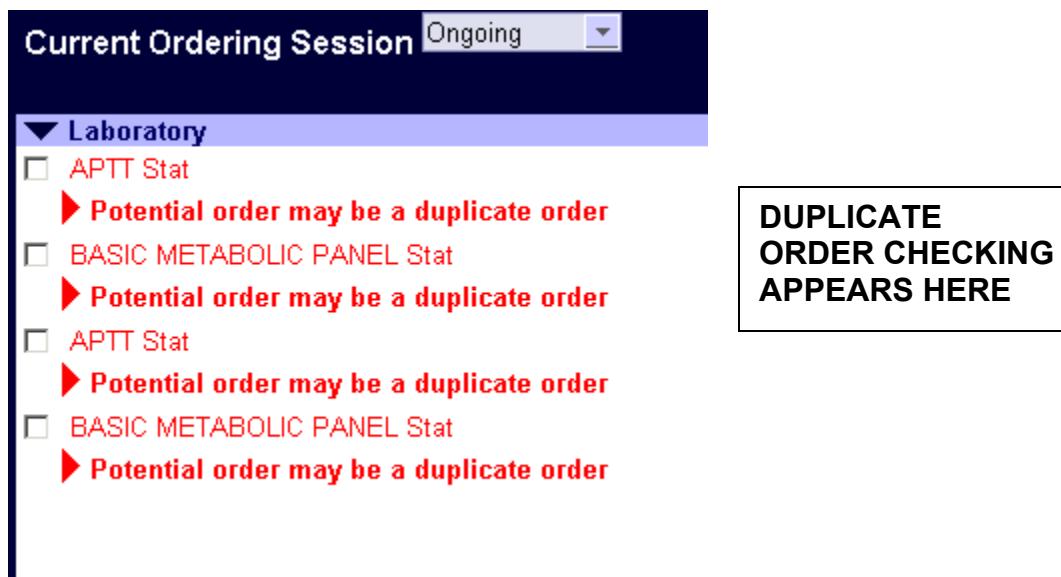


Current Ordering Session



Duplicate orders

Review the duplicates by clicking on the red triangle and keeping or revoking the order in question. This must be completed prior to signing.



Laboratory

APTT Stat

Potential order may be a duplicate order

keep revoke

This order

APTT Stat

Duplicate(s)

APTT Stat. Start : 09/06/2005 12:11

Comments

When the decision is to Keep the duplicate order, a Comment must be entered. Some pre-defined comments are available via the drop down box. Then click ACCEPT.

Current Ordering Session Ongoing

BASIC METABOLIC PANEL Routine

At least one component of this order is not medically necessary according to local medical review

GLUCOSE SERUM

Place this order and provide advanced beneficiary

-Did patient sign ABN?

Don't place this order

CBC Routine

Order is not medically necessary according to local medical review

Place this order and provide advanced beneficiary

ABN (Advanced Beneficiary Notification) Processing prompt: When placing orders on a Medicare Outpatient depending on the diagnosis and order you may receive this prompt. Please follow departmental procedures.

Current Ordering Session Ongoing 

Radiology

MAMMOGRAM SCREENING BILAT -Routine
Order is not medically necessary according to local medical review

Place this order and provide advanced beneficiary

 -Did patient sign ABN?

Don't place this order

ABN processing will also be invoked for Mammogram and PSA screens on Medicare outpatients.

Orders can be reviewed one last time or modified prior to signing in the Current Ordering Session by clicking on the order which opens the order detail screen.



Sign the order(s). Click the sign icon, , to process the order(s). The orders will move from the Current Order Session on the right to the Current orders on the left.

Orders in the Current ordering session do NOT have a checkmark next to them. To sign ALL orders, click the pencil Sign icon.

Current Ordering Session Ongoing 

Laboratory

A1C Routine
 APTT Routine
 BLOOD CULTURE Routine
 CBC Routine

Radiology

ULT ABDOMEN COMP -Routine

Respiratory Dept

MDI TREATMENT INITIAL
 MDI TREATMENT SUBSEQUENT Q4H ICU Daily Until Disco...

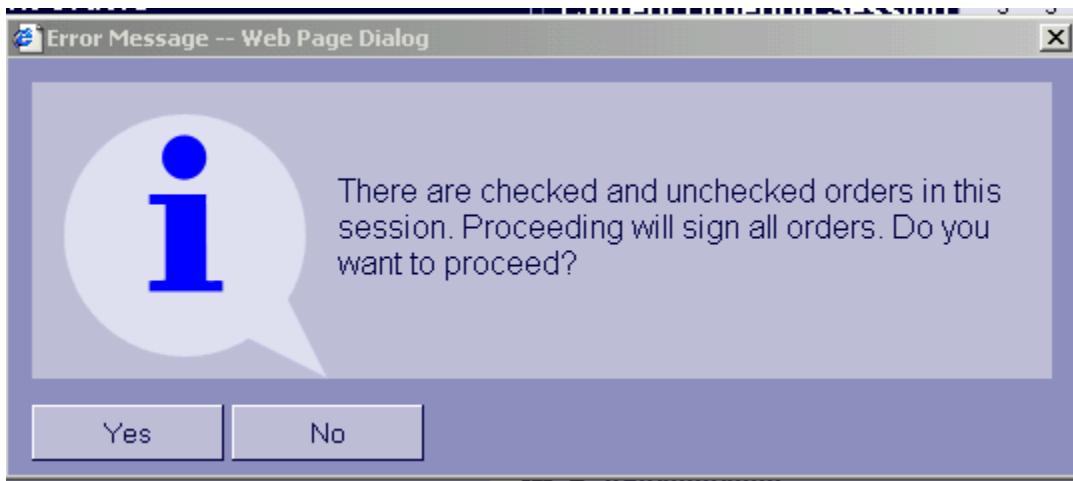
Rehabilitation

OCCUPATIONAL THERAPY EVALUATION Routine _ Until...

You can REMOVE selected orders by checking the orders to be removed and clicking the REMOVE icon at the bottom of the Order Session Summary box.



You CANNOT sign selected orders before signing ALL orders. If the user attempts to click the sign icon with some checked and some unchecked, the following error message will appear.



If you click Yes, ALL orders whether checked or unchecked will be signed and activated.

If you click No, you will return to the Order Session Summary and complete or Remove orders until you are ready to sign ALL orders.

Modify Order Status – Revise and Discontinue

The functionality associated with revised orders causes the original order to be discontinued, making an order that has a revision a new order and therefore a NEW ORDER NUMBER. The view in the Patient Record reflects that functionality.

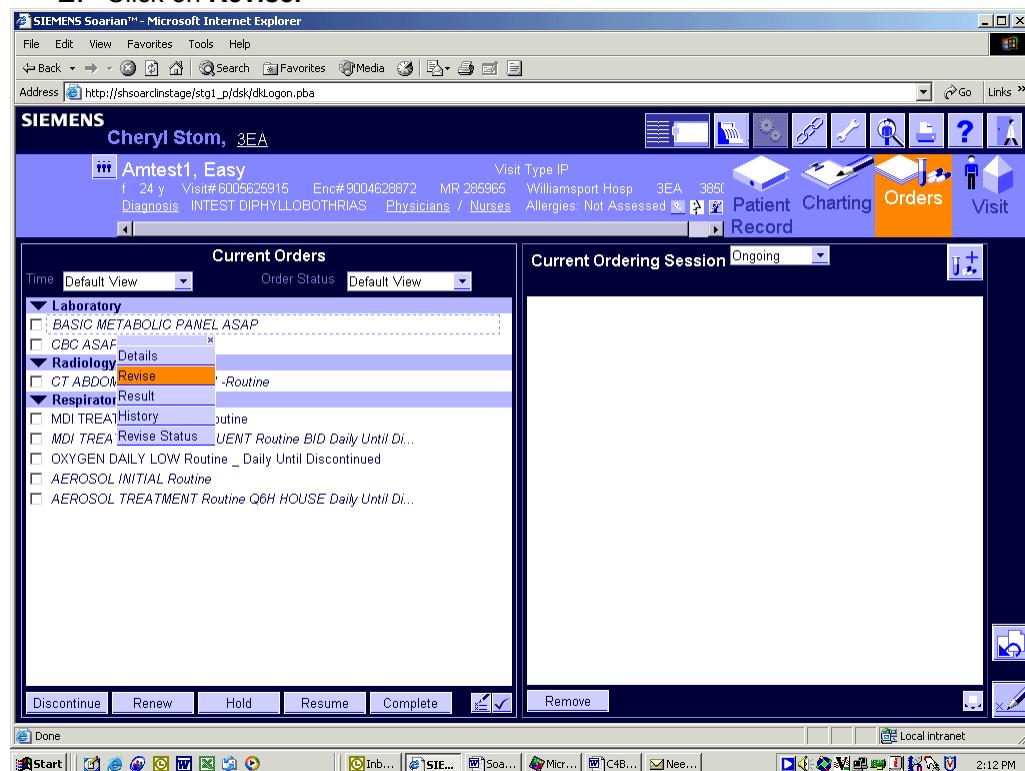
- An open-ended order is one that does not have a stop date, order duration or number of times entered. Typically nursing orders and/or intervention type orders will use open-ended orders. The open-ended order shows text "until discontinued", e.g., "walk patient down hall twice daily until discontinued".

Orders can be Revised, Changed and Discontinued from the **Current Order** section.

- Select a patient.
- Select orders.

To **Revise/Change** an order from the **Current Order** section:

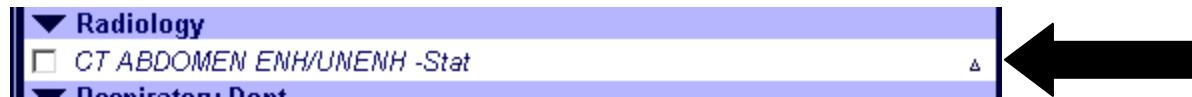
- Click on the order requiring the revision/change.
- Click on **Revise**.



- The **Order Detail Screen** appears. Make all necessary changes. Make sure to adjust the date and time if necessary.
- Click **Apply**.
- The order will move to the **Current Ordering Session** side.
- Click **Sign**.

Note: The old order has been discontinued and the new order has been generated. If the order is going to a department via an interface i.e., Novius Lab, wait at least 3 minutes prior to making any change to an order in the Current Orders section to allow appropriate communication from Soarian Clinicals to the other system. If changes made too soon, the appropriate communication does not take place between the 2 systems.

Note: In Current Orders, the order will have a triangle after it to indicate it has been edited.



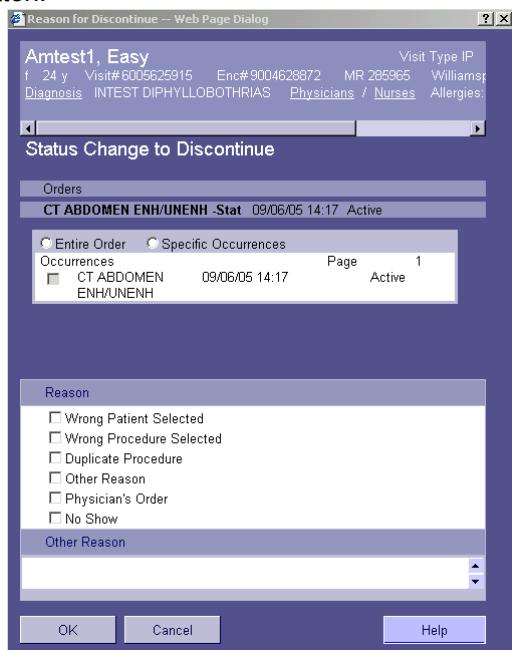
To Discontinue an order from the **Current Order** section:

1. In the “**Current Order**” window, select one or more orders to **discontinue** by checking the checkbox to the left of the order.
2. Click on Discontinue at the bottom of the screen



Note: At this time, the renew, hold, resume or acknowledge/co-sign choices will not be used.

3. Select the order(s) within the window again to verify that you are working with the correct order(s).
4. Enter a reason. (If there is more than one department order being discontinued, a reason will be entered for each department.)
5. Click on the **OK** button.



6. Click on the sign icon,  to verify.

Note: The order status appears right before the order in Current Ordering Session.

If ONE order was selected to be discontinued and then the decision is made NOT to discontinue it, click



the Reset icon in the lower right hand corner.

If numerous orders were selected to discontinue and the decision is made NOT to discontinue ONE of the orders, place a check next to the order NOT to be discontinued and click the Remove icon at the bottom of the Current Ordering Session.

The screenshot shows a list of orders for discontinuation. Under the Radiology section, 'Discontinue CHEST PA & LAT -Routine' has a checked checkbox. Under the Cardiology section, 'Discontinue EKG 12 Lead Routine' and 'Discontinue EKG 12 Lead Stat __ Until Discontinued' both have unchecked checkboxes. At the bottom of the screen is a blue button labeled 'Remove'.

The screenshot shows a list of orders for discontinuation under the Laboratory section. 'Discontinue BASIC METABOLIC PANEL ASAP' and 'Discontinue CBC ASAP' both have unchecked checkboxes. At the top right of the screen is a blue '+' icon.

To view orders that have been discontinued, click on the Order Status dropdown box and select Discontinued.

The screenshot shows the 'Current Orders' search interface. It includes two dropdown menus: 'Time' set to 'Default View' and 'Order Status' set to 'Default View'. To the right of the status dropdown is a blue '+' icon.

View Order Detail

Use these steps to view the order detail form for an order.

1. Select a patient.

2. Select order icon. 
3. Click on the order description and select **Detail**.
4. The Order Detail form that was completed when the order was placed will display. No action can be taken. It is view only.

View Order History

1. Locate the order as above.
2. Click on the order description and select **History**.
3. The History screen will display.

 Order History -- Web Page Dialog

Field Changed	Prior Value	New Value	Changed by	Revision Date	Reason for Revision
Order description as written	CHEMISTRY PROFILE PANEL ASAP	CHEMISTRY PROFILE PANEL F Routine	Stom Cheryl	5/8/04 15:41	
Order ID	10629	10630	Stom Cheryl	5/8/04 15:41	
Order Status	Cancel	Active	Stom Cheryl	5/8/04 15:41	
Order Status Modifier	Cancelled	Active	Stom Cheryl	5/8/04 15:41	
Original Order Id	4119	4128	Stom Cheryl	5/8/04 15:41	
Start Date time	20040508 15:41:00	20040509 06:00:00	Stom Cheryl	5/8/04 15:41	
Stop Date time	20040508 15:41:00	20040509 06:00:00	Stom Cheryl	5/8/04 15:41	
Priority	ASAP	F Routine	Stom	5/8/04	

Print Close Help

http://shsoarclinstage/stg1_p/sframe/sframeDlgWithGsm Local intranet

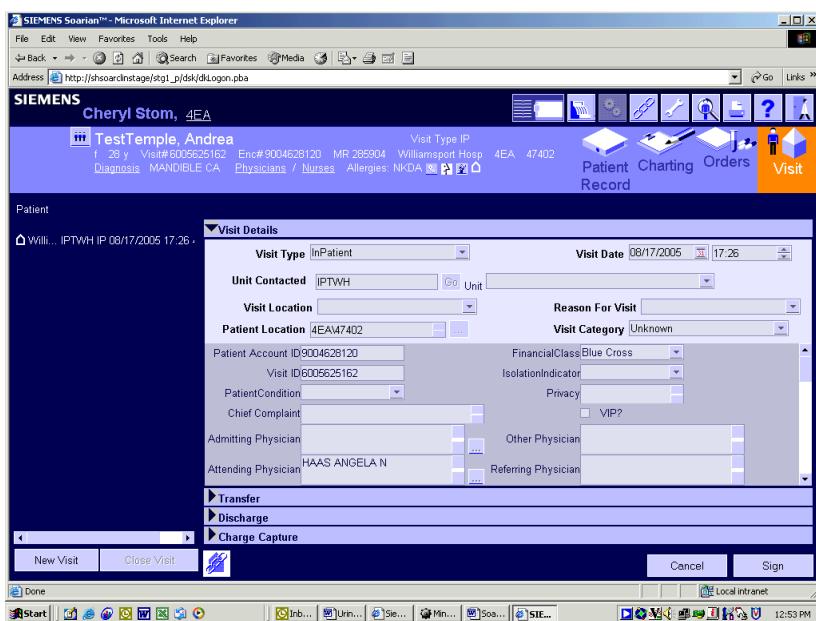
Working with Patient Visit Information

The visit icon allows the clinical user to link to the Soarian Financial system to Transfer or Discharge a patient. Charge Capture and Level of Care changes will also occur through this function.

View Visit Information

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1. Click on patient name in your census to open patient record preview.
2. Click on the patient visit icon, .
3. Choose visit from the list on the left hand side of the screen.
4. After viewing, click on the 'Back to Census' icon .



Note: Prior to selecting the visit to the left of the screen, Death Registration appears at the bottom of the screen. This is not used.

Transfer a Patient

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1. Select patient name in the census or use Find tool.
2. Click on the visit icon,
3. Select the correct visit listed on the left side of the screen to view visit detail.
4. Click on “Transfer” and enter all required information for transfer.

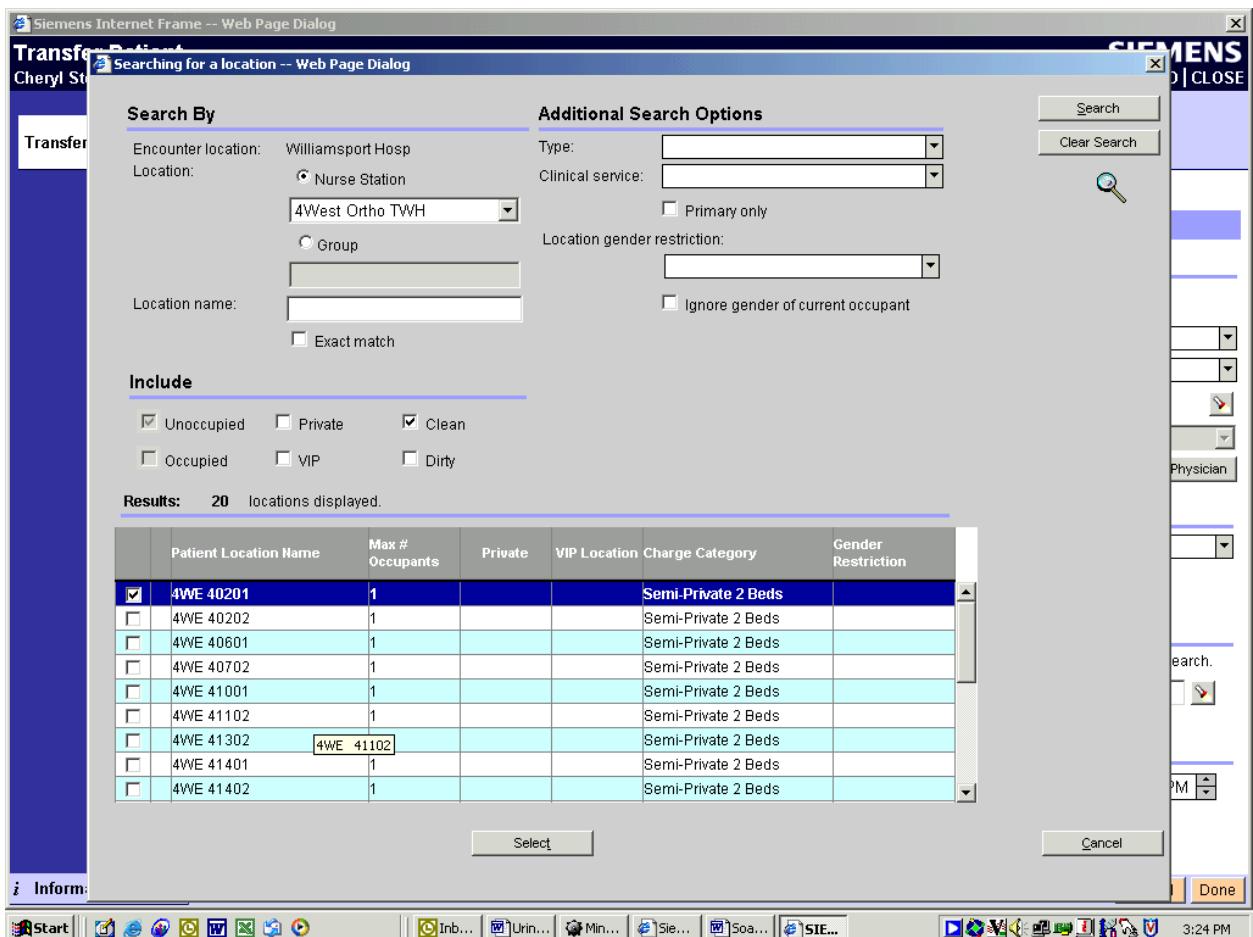
3 Getting the New Location

Options above that are marked with * will be used in the search.

Find new Location:



Click Flashlight to
Find New Location



Change in Level of Care

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1. If changing Level of Care during an actual location transfer, please use the following function.

1 Also Changing

Leave these options blank if you do not want to change them as part of the transfer.

Clinical service*:

Level of care:

Attending physician:



Acting as member of:

Clear Physician

2. When no room/bed transfer is involved, please click on the Other Functions icon at the bottom of

the initial Visit page.



- a. Select SF Level of Care

PATIENT Andrea TestLabTemple DOB 09/13/1978 (26Y) Female Social Security #: 235-02-3905	Admissions TWH Williamsport Hosp 4EA 47401 Status: Checked in
--	--

Update Level of Care

Current level of care: Telemetry
Start date/time: 08/17/2005 - 7:24 PM
New level of care:

- b. Select New level of care.

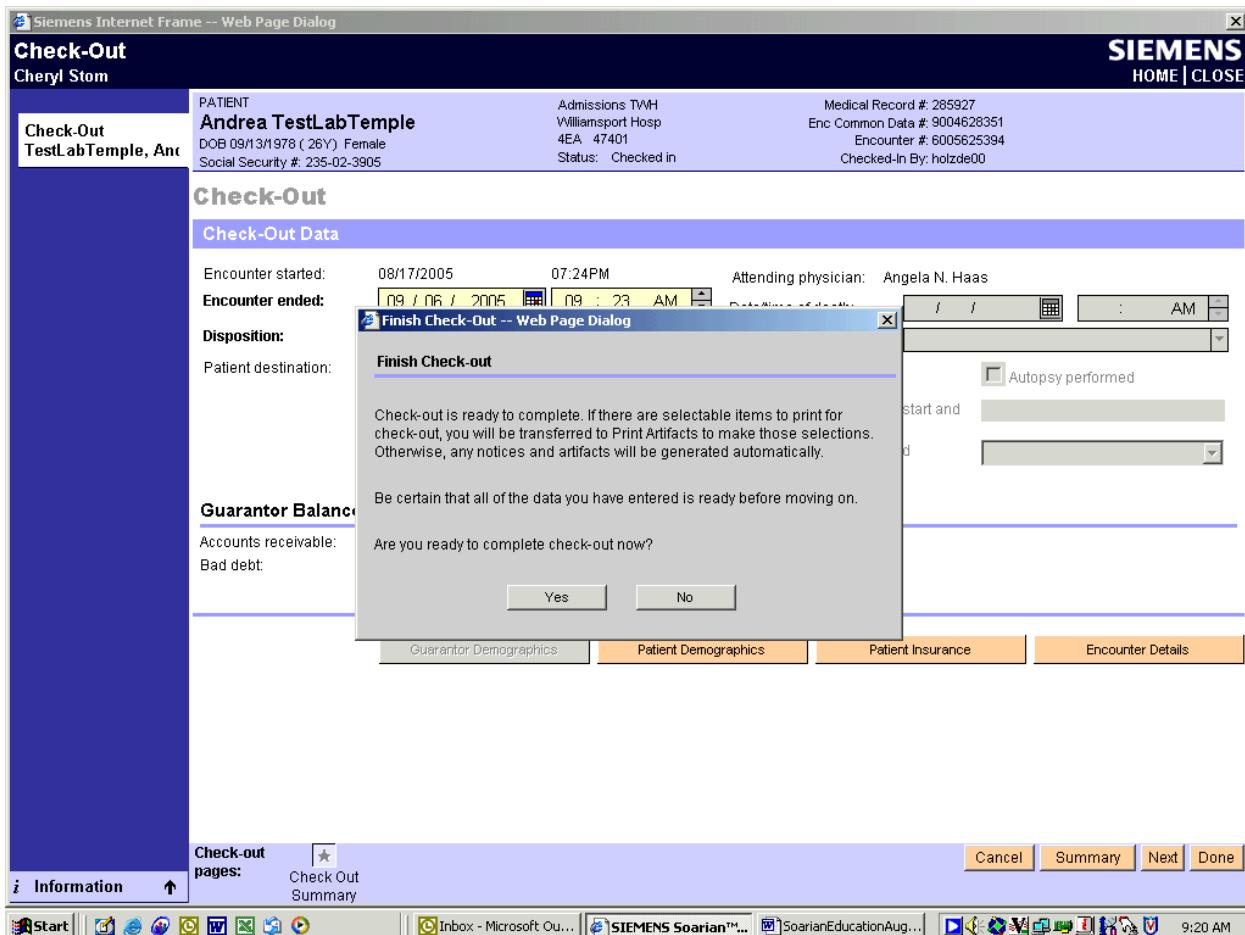


- c. Click Done.

Discharge a Patient

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1. Click on patient name in the census or use Find tool.
2. Click on the visit icon,
3. Select the correct encounter listed on the left side of the screen to view visit detail.
4. Click on "Discharge" and enter all required information for discharge.
5. Are you ready to complete check out now? Click yes or no.



Note: There is not Reversal of Discharge option. If a patient is discharged, all orders will be removed. Admissions will be contacted to readmit the patient! All orders will need to be re-entered. Be very careful!!

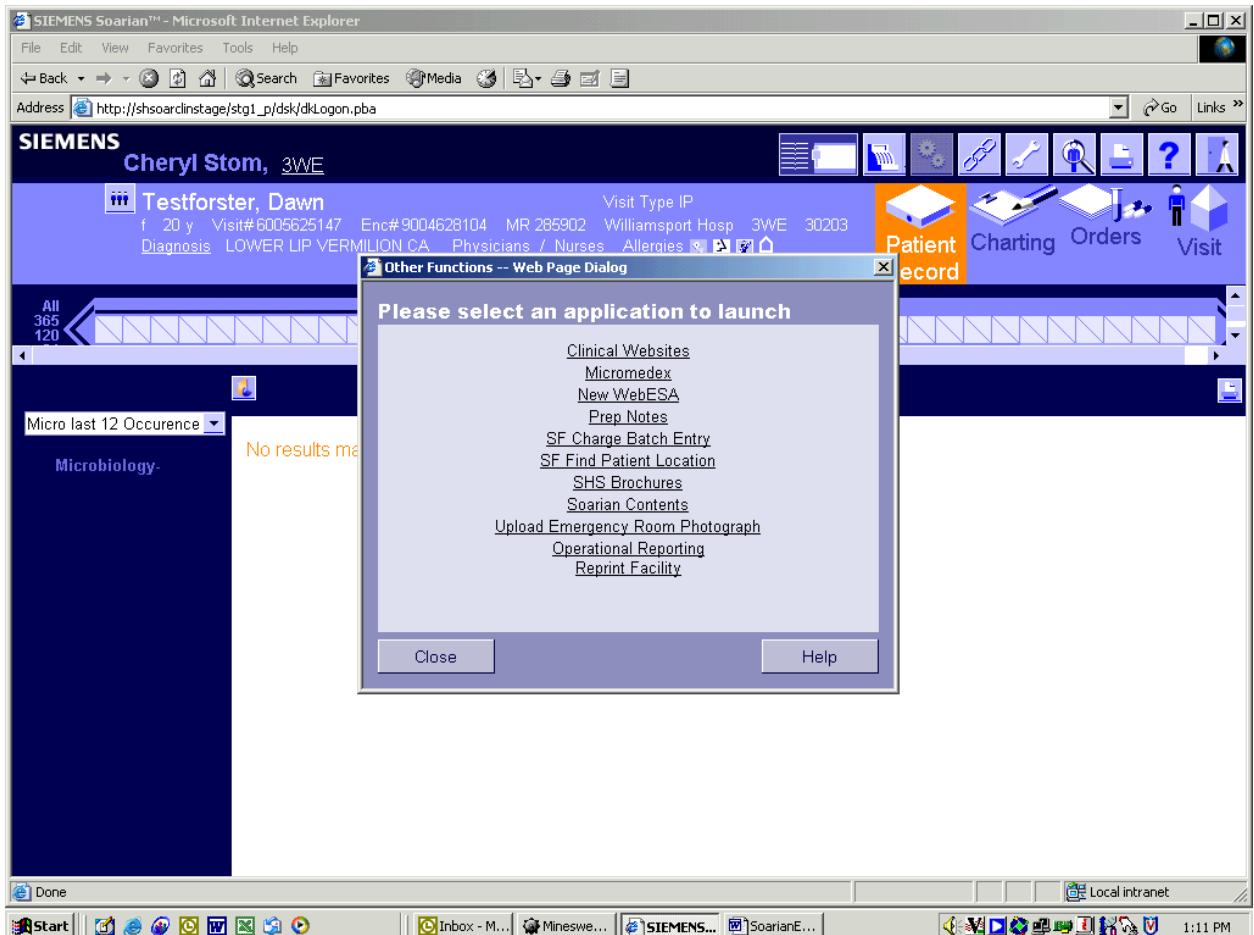
Working with Links to External Applications

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Links to External Applications will be used for Operational Reporting such as a Kardex, Unit Orders, Department Orders and Prep Notes. This link will also be used to access information such as Brochures, Learning Resources, Policies and Procedures, Micromedex.



1. Click the  button on the top right of the screen to link to patient specific external applications.



2. Click one of the applications listed.

- **SF Charge Batch Entry**-For those areas that complete large volume charging...i.e., ER, OR
- **SHS Brochures**- Click on the link. Select your cost center. Enter your name and where to send the brochure(s). Click Submit. An alphabetical list of brochures will be present. Type the

quantity desired next to the brochure title. Scroll to the bottom of the page and click Submit Order. Confirm your order then click Submit Order.

- **Clinical Websites-** This links to all the Learning Resources information that was on the left hand side of the Clinician Resource Center's screen...Literature Search, Pub Med....etc
- **Micromedex-** Click here to access Micromedex. Its function has not changed.
- **Operational Reporting-** Printing Unit/Department orders and Printing Census, etc. will occur through this function.

Printing

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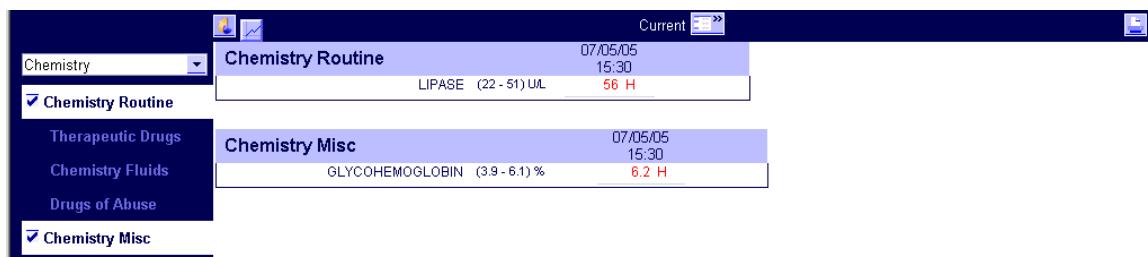
Printing to a Local Device: Provides the option to print documents and reports in Soarian to devices attached to the local workstation. As a result, users are not limited to printer configured as part of the hospital routing network.

Print Request Status Indicator: To provide feedback to a user on the status of an ad-hoc print request, a visual indicator has been added to the print dialog. The status will change from "Your print request is being processed" to "complete".

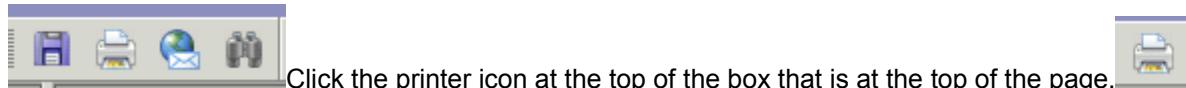
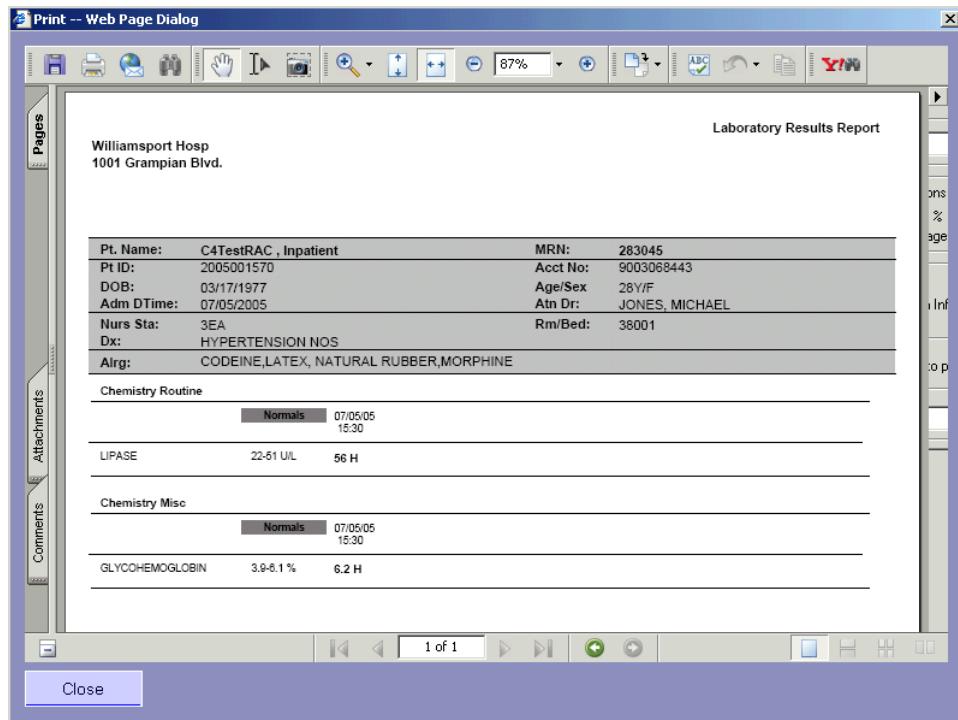
A. Printing from Results Display

Note: This method is for Lab results only at this time.

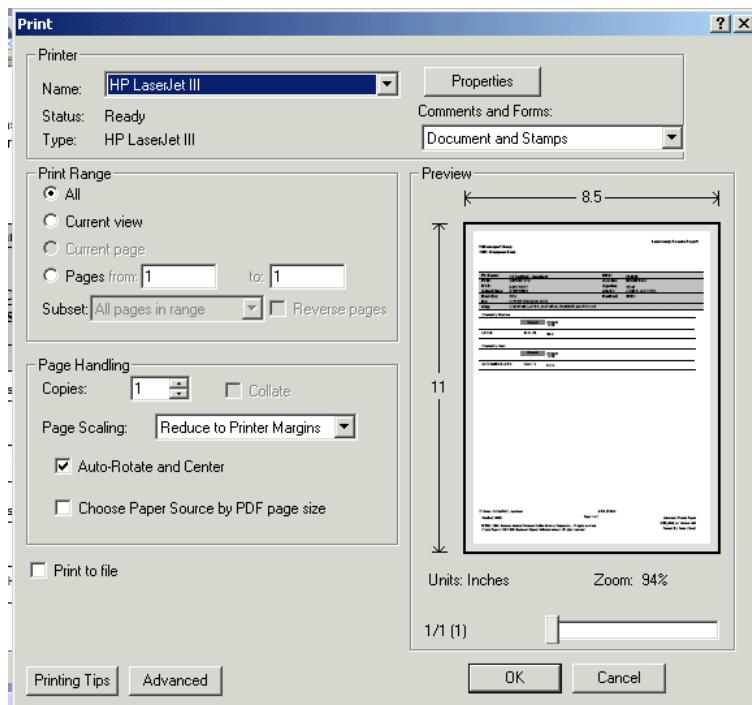
There is a Printer icon on the right side of the bar in the results section.



By clicking on the printer icon, the following box will appear with all results for the category selected. ONLY the results on the page being viewed will print.



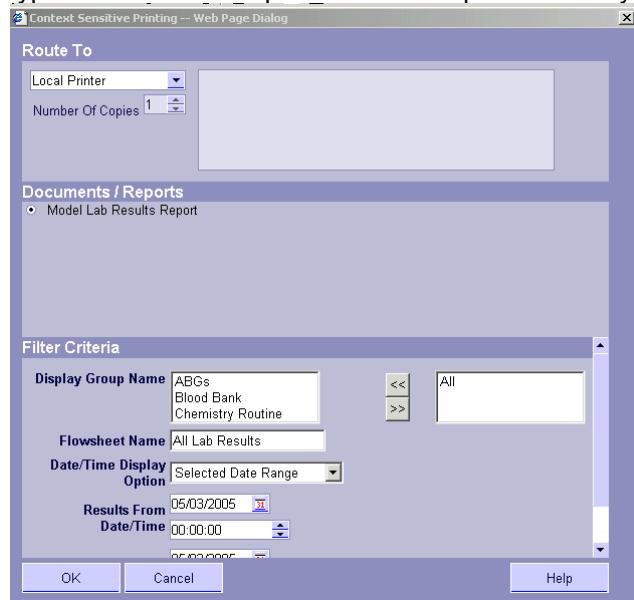
The following box appears. Click OK at the bottom of the box.



B. Printing from Patient Record



By clicking the Printer icon from the icons at the top of the page, you can select more than one type of Lab results to print with one request. When you click this printer icon, the following box appears.



By selecting from the Display Group Name on the left and then clicking the left/right arrows, your print request can be personalized.



When all requested results moved to the right hand side, click OK at the bottom of the box.



C. Reports to HCU



Click Other Functions icon

Upload Emergency Room Photograph

Operational Reporting

Reprint Facility

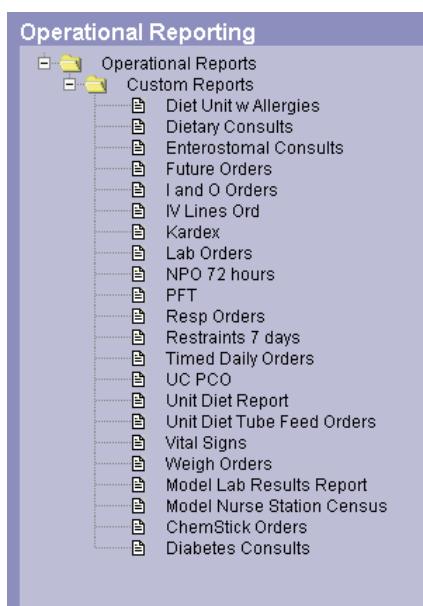
Click Operational Reporting



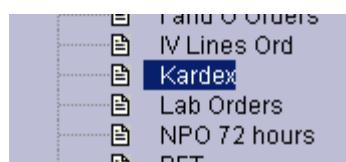
Click on + to open Operational Reports folder



Click on + to open Custom Reports folder



List of available reports appears.

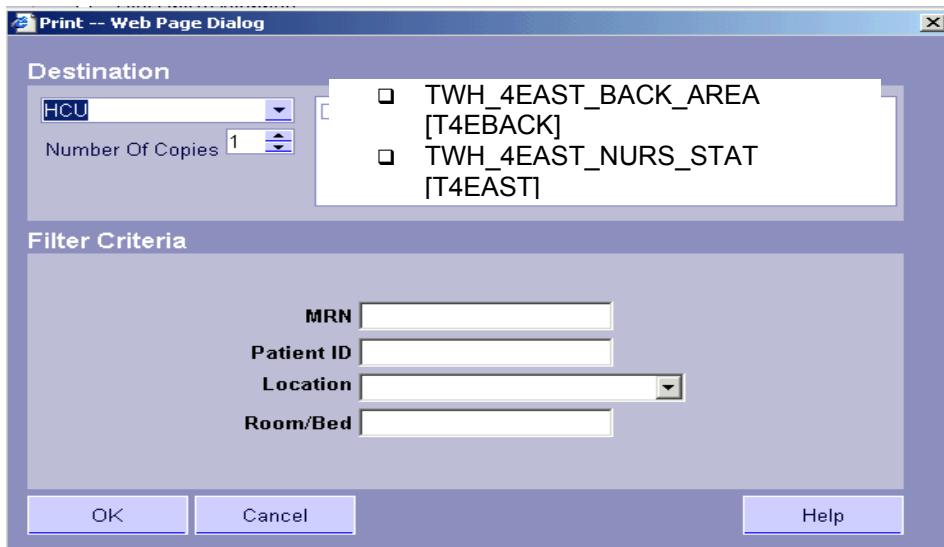


Click on the desired report.

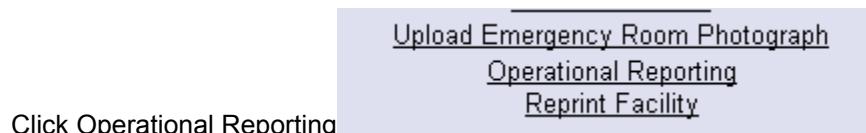


Click on Preview or Print

Select HCU in the dropdown box. Your unit's printers will be listed. Check the desired printer. Click OK.



Reports to Local Printer



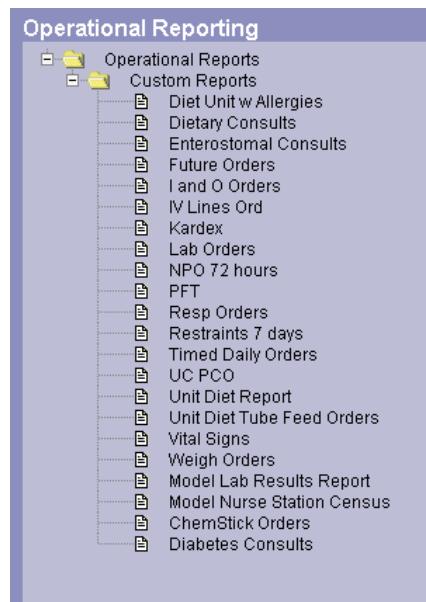
Click Operational Reporting



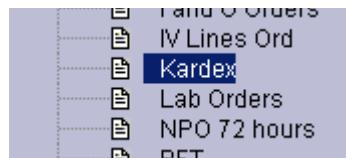
Click on + to open Operational Reports folder



Click on + to open Custom Reports folder



List of available reports appears.

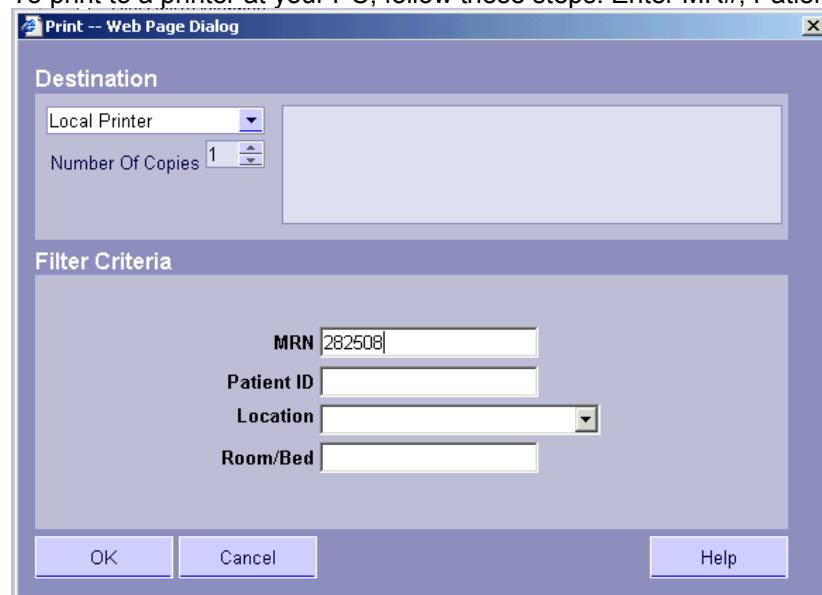


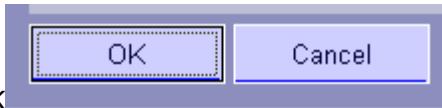
Click on the desired report.



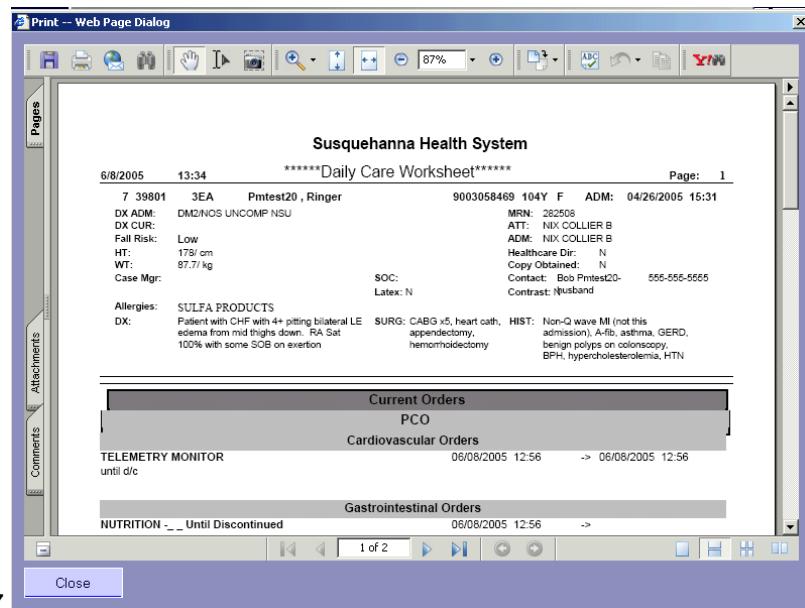
Click on Preview or Print

To print to a printer at your PC, follow these steps. Enter MR#, Patient ID, Location or Room/Bed.





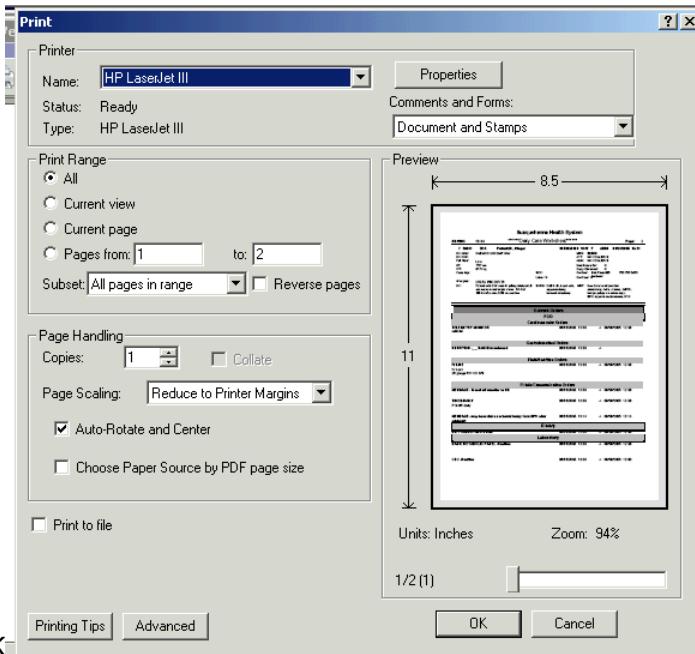
Click OK



You are taken to Adobe Reader 7



Click the Printer icon in the upper left hand corner of this Adobe Reader box.



Click OK

Appendix A-Toolbar Buttons

[Return To Top](#)

The list below details the buttons used in Clinicals with their functions.



View Charges



Will not be used at this time.



External Link to many non-patient specific functions.



Print



User Preferences Configuration –will not be used at this time.



Patient Browser - Find Patient based on individual patient.



Help.



Log out.



Face Sheet – Patient Demographic Data



Refresh Census, or Patient Results after interacting with Timeline



Give other physicians access right to your census



Include/Exclude Outpatients in your Census



Nurses to define their census for this shift



Back to Census screen (when on any other page than Portal Screen, click this icon to return to Portal screen)



Change view to Time Based Worklist

